MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14182

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3605 Harlem Avenue ✓

3. NAME OF DECEASED; (Type or Print): (First) DEAN (Middle) (NMI) (Last) ABBOTT

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-13-93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Geneva, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Charles M.

14. MOTHER'S MAIDEN NAME: Myrtle Adsit

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause — (a) CARCINOMA OF THE TONGUE AND ORAL PHARYNX — UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b)

DUE TO (c)

14X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 19 52, to Dec. 7, 19 52 and that death occurred at 10:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/10/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 12-52 — REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR — ADDRESS: MacNabb Funeral Home, Frederick & Wade Aves. Catonsville, Md.

VS. 15

RECEIVED
DEC 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4183

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Trenton
LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NORMA (Middle) JEAN (Last) ARMACOST

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12-16-52

9. AGE last birthday: yrs. ✓ IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard H Armacost

14. MOTHER'S MAIDEN NAME: Anna R. Nott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Howard H Armacost - Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (6 mo) — Interval Between Onset And Death: 1½ hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16, 1952, to 12-17, 1952, that I last saw the deceased alive on 12-17, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice C. Partridge M.D. ADDRESS Hampstead Md DATE SIGNED 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-19-52 NAME OF CEMETERY OR CREMATORY Mt Zion LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REGISTRAR 12-18-52 REGISTRAR'S SIGNATURE Mary B. Elvina. 24. FUNERAL DIRECTOR Edw. C. Tipton ADDRESS Hampstead Md

10V2324240

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14184

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Baltimore Co.
COUNTY 6401 Walnut Ave MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Woodlawn
LENGTH OF STAY (in this place) 50 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6401 Walnut Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) Woodlawn Md 7

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) BALBIER (Last)

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MAR 5th 1875

9. AGE Last birthday: 77 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Shestag

14. MOTHER'S MAIDEN NAME: ? unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none
(If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: MRS LENA REINEKE, 6401 Walnut Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 6 hours
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arterio sclerotic cardio vascular disease — 10 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950, to Dec. 21, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 7 00 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Millard F. Trabon Jr M.D. ADDRESS 3400 Woodbine Ave. Balt 7, Md. DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/24/52
NAME OF CEMETERY OR CREMATORY Woodlawn Cem
LOCATION (City, town, or county) (State) Balto Co Woodlawn
DATE REC'D BY LOCAL REGISTRAR 12/22/52
REGISTRAR'S SIGNATURE A.W. Redrud

24. FUNERAL DIRECTOR Chas P. Towell ADDRESS 6411 Windsor Mill Rd,

Dr Trabaud
3400 Woodburn Ave

Ri 3457

Edmd 6/30. 1/9/53, mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]185

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 4 [illegible] days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp. Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural give location): 221 Broad Street ✓

3. NAME OF DECEASED: (Type or Print) (First) BARNEY (Middle) A. (Last) BEAUCHAMP

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-23-91

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Purchasing Agent

10b. KIND OF BUSINESS OR INDUSTRY: Eastern Shore Public Service

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. Levin Beauchamp

14. MOTHER'S MAIDEN NAME: Elizabeth Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 Immediate cause (a) LAENNEC'S CIRRHOSIS — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1952, to Dec. 26, 1952, ~~that I last saw the deceased~~ and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. H. White M.D.
Beverly H. White M.D. Fort Howard, Maryland 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Persons — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/29/52 — REGISTRAR'S SIGNATURE: A. W. Fedrick M.D. — **24. FUNERAL DIRECTOR** ADDRESS: Hill and Johnson's Funeral Home, East Main Street, Salisbury, Md.

VS 41b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14186

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 1 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7508 ROCKSHAM DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 7508 ROCKSHAM DRIVE

3. NAME OF DECEASED (Type or Print): (First) AGATHA (Middle) N. (Last) BENBENNICK

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT. 25, 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): CANADA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: LOUIS LACHANCE

14. MOTHER'S MAIDEN NAME: MARY HAUSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: FRANK A. BENBENNICK ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - massive — Interval Between Onset and Death: 2½ hours

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant Hypertension

(c) Arteriosclerotic Cardio-Vascular-Renal Dis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 52, to Dec. 2, 19 52, that I last saw the deceased alive on Dec. 2, 19 52, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Charles E. Carr M.D. (Degree or title) ADDRESS 6007 York Rd DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 12-5-1952 | NAME OF CEMETERY OR CREMATORY Prospect Park | LOCATION (City, town, or county) (State) Towson

DATE REC'D BY LOCAL REG. 12/3/52 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. W. JENKINS & SONS CO. ADDRESS 4905 YORK RD BALTO., MD.

DR. C.E. CARR JR.
6007 YORK ROAD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14187

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home in the City 16 Dunting Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1727 N. Milton Ave

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) A. (Last) Bennett
4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 16 1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Bethl. Steel Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Herman Bennett
14. MOTHER'S MAIDEN NAME: Esther Moses
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 211-01-0549
17. INFORMANT AND ADDRESS: Hyman M. Bennett 1727 N. Milton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cor Pulmonale — 6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Pulmonary interstitial fibrosis — 6 yrs
(c) Bronchiectasis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Jan., 1949, to 11 Dec., 1952, that I last saw the deceased alive on 11 Dec., 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE Howard Pullman — (Degree or title) MD — ADDRESS 1513 N. Milton Ave — DATE SIGNED 11 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-13-52 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Belair Md — (State) Balto Md

DATE REC'D BY LOCAL REG. 12/12/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John F. Miller Inc. — ADDRESS 2435 E. Oliver St

Item 18 Film G151 2-13-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

1118

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney — LENGTH OF STAY (In this place) 4 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2647 Spring Rd. Balto 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cahney
STREET ADDRESS (If rural, give location) 2647 SPRING ROAD

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Carroll (Last) Berger III

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 22, 1952

9. AGE last birthday: 4 wks — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Carroll Berger Jr

14. MOTHER'S MAIDEN NAME: Tirella. (Angela)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/O (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: GEORGE C BERGER JR 2647 SPRING RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525X

Immediate cause (a) Interstitial pneumonitis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R W Fisher . MD 700 Fleet ST Balto 12-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: DEC 22 1952

NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM.

LOCATION (City, town, or county) (State): FREDERICK RD MD

DATE REC'D BY LOCAL REG.: 12/22/52

REGISTRAR'S SIGNATURE: H W Hedrick Dmr

24. FUNERAL DIRECTOR ADDRESS: Doffel Bros 7110 BELAIR RD.

20423445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1218.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5306 Tilbury Way ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	L.	Betts	Dec	2	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Divorced	July 30, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman and	Rental agent	Wilmington, Del.	USA

13. FATHER'S NAME: Harry Betts

14. MOTHER'S MAIDEN NAME: Eleanora Victoria Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: 5306 Tilbury Way - 12 Mrs. Jacob H. Kluter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinoma of mandible, left with	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	metastases	1 yr.
(c)		

196X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of prostate gland

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 22 Nov., 1952, to 2 Dec, 1952, that I last saw the deceased alive on 1 Dec, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royse	M.D.	Pikesville 8 Md	2 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/5/52	Druid Ridge Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/4/52	A. W. Wedrich M.D.	HENRY SANDER & SONS, INC. BALTO. ,13, MD.	George F. Handel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWINGS MILLS | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DEER PARK ROAD -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWINGS MILLS
STREET ADDRESS (If rural, give location) DEER PARK ROAD.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CATHERINE (Last) BIDINGER
4. DATE OF DEATH: (Month) DEC. (Day) 6 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: AUG 4-1891
9. AGE last birthday: 61 yrs. | If under 1 year: Months — Days | If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTO. CO. - MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY ZIEGLER
14. MOTHER'S MAIDEN NAME: ANNA FOGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MR JOHN BIDINGER - SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE - — 3 DAYS -

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) PERIPHERAL VASCULAR DISEASE C — 2 YEARS
GANGRENE - RT FOOT
(c) HYPERTHROPHIC ARTHRITIS - SEVERE — 12 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. UMBILICAL HERNIA - SEVERE — 18 YEARS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1950, 19..., to DEC- 6, 1952, that I last saw the deceased alive on DEC 6, 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas C. Weller Reisterstown, Md 12-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-9-52
NAME OF CEMETERY OR CREMATORY: Wards Chapel
LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 12/9/52
REGISTRAR'S SIGNATURE: Ann E. Martin
24. FUNERAL DIRECTOR: Wm. J. Hardt & Son ADDRESS: Reisterstown Md
Linton A. Hardt

MARYLAND STATE DEPARTMENT OF HEALTH

1419

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 504 Murdock Rd.

3. NAME OF DECEASED (Type or Print): (First) DR. GAIUS (Middle) WILLIAMS (Last) BILLUPS
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	Dec. 4, 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician	self	Virginia	

13. FATHER'S NAME: Thomas George Billups
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Billups

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Clive M. Billups-504 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic poisoning, from

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the urinary bladder 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-19-1952
19b. MAJOR FINDINGS OF OPERATION Carcinoma of the urinary bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1946, to Dec. 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 7.30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hilo Virginia 24 Dec 1/ 27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/29/52	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/29/52	M.D.	Wm. J. Tidener & Sons Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1192

Reg. Dist. No. .....

"Wilbert"
Wilbur L Blockinger

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul | LENGTH OF STAY (In this place) 7 yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS 2754 Arbutus Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul | STREET ADDRESS (If rural, give location) 2754 Arbutus Ave

3. NAME OF DECEASED (Type or Print): (First) Wilbert (Middle) L (Last) Blockinger

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 19 52

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 20 1906 | 9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper | 10b. KIND OF BUSINESS OR INDUSTRY: Trucking Co | 11. BIRTHPLACE (State or foreign country): Balto Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmund Blockinger | 14. MOTHER'S MAIDEN NAME: Carrie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of): | 16. SOCIAL SECURITY NO.: 212 81 8309 | 17. INFORMANT AND ADDRESS: Marya Blockinger 2754 Arbutus Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry ~~I~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo. McKie Gen M.D. Balto Co. Asst. Med. Exr. 1010 Leadenhall Dec 6 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 9 52 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 12/9/52 | REGISTRAR'S SIGNATURE: Dorothy Reid | 24. FUNERAL DIRECTOR: F B Mifflin Jr & Son | ADDRESS: 1300 Eutaw Place

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 3 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 4I5 8-51

1. PLACE OF DEATH:
COUNTY of Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md - COUNTY Prince George Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Gary (Middle) William (Last) Boswell
4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 7, 1952
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 11 — IF UNDER 24 HRS.: Days — Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md, A A Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Boswell
14. MOTHER'S MAIDEN NAME: Amanda Gibbons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Personal History
Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
010X
Immediate cause (a) Tuberculous Meningitis — INTERVAL BETWEEN ONSET AND DEATH: about 2 mo.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 11, 1952 to Dec 26, 1952 that I last saw the deceased alive on Dec 26, 1952 and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE: A H. Feibelman M D
(DEGREE OR TITLE) ADDRESS: M.D.-Eudowood Sanatorium-Towson, 4, Md.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-28-52
NAME OF CEMETERY OR CREMATORY: Riva Cemetery
LOCATION (City, town, or county) (State): Riva, A.A.Co. Md.

DATE REC'D BY LOCAL REG.: Dec 27, 1952
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR: B. L. Hopping & Son Annapolis Md.
ADDRESS

201231540 6

RECEIVED
DEC 28 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1119

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Batter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork
STREET ADDRESS (If rural, give location) Stoney Batter Road

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) FLORENCE (Last) BOWERS

4. DATE OF DEATH: (Month) December (Day) 31, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 7, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel H. Shumaker

14. MOTHER'S MAIDEN NAME: Sarah E. Showalter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Joseph M. Bowers, Stoney Batter Road, Fork

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Cecum & metastasis DUE TO — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ~~Hx.~~ Cholelithiasis & ch. Cholecystitis. — 2 yrs.

19a. DATE OF OPERATION: 7/15/52

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis. Pursuit Cholecystitis. Adenocarcinoma of cecum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10 19 47, to 12/31, 19 52, that I last saw the deceased alive on 12/31, 19 52, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (DEGREE OR TITLE) M.D. ADDRESS Fork Md. DATE SIGNED 1/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 1/3/53

NAME OF CEMETERY OR CREMATORY Fork M. E. Cemetery

LOCATION (City, town, or county) Fork, (State) Maryland

DATE REC'D BY LOCAL REG. January 3 1953

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harbors Point. LENGTH OF STAY In this place 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fed Port News
HOSPITAL OR INSTITUTION OR STREET ADDRESS 707 J St.	STREET ADDRESS 527 19th St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Millie	Maude	Bracey.	Dec	17	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem.	Col.	Single	Feby 2 1905	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home.		Isle of Wight	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Bracey.	Mamie Driggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	/	Maude Vaughan (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
12	17	52	3 PM		Non

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm Lemmon M.D.	Deputy Medical Examiner Peninsula Hospital Newport News Va	12/17/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/21/52	Pleasant Shade	Newport News, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/52	C. H. Hutchins	Charles R. Shaw	802 Mad. Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 706 Morris avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; STREET ADDRESS (If rural, give location) 706 Morris Avenue

3. NAME OF DECEASED (Type or Print): (First) Erma (Middle) Eugenia (Last) Bridge

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug. 21, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leopold Nussbaum

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Leopold Bridge, Lutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca Metastasis to Liver — Interval Between Onset and Death: 6 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Cecum — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/4/51

19b. MAJOR FINDINGS OF OPERATION: Ca of Cecum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While at Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1952 to Dec 12, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth A. Stoen M.D. ADDRESS Lutherville DATE SIGNED Dec 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: Dec. 13, 1952; NAME OF CEMETERY OR CREMATORY: Greenmount Crematory; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec. 13, 1952; REGISTRAR'S SIGNATURE: Mabel C. Gray; 24. FUNERAL DIRECTOR: John Burns Sons, Towson, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19 38

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): MABEL S. BROWNE

2. DATE OF DEATH: Dec. 31, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home 912 Rogester Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3228 Prestman St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Divorced	Oct. 22, 1890	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Elec. & Mtr. Controls	Pittsburgh, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Schneider	Elizabeth Zobel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	?	Mr. Blair P. Browne	809 Lynton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic heart disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 31 Dec., 1952, *that I last saw the deceased alive on* 31 Dec., 1952, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Ford Lokey M.D.	1120 St. Paul St.	1/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Jan. 5, 1953	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 5 1953	Hunter Pitts M.D.	Wm. J. Tuck & Son	Reisterstown Md.

VS 150

A. W. Bedrick mb. 39036

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11198

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 7939 Wise Avenue

3. NAME OF DECEASED: (First) IRA (Middle) L. (Last) BUCHANAN
4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	5-3-94	58 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	unknown	Pearisburg, Virginia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Buchanan	Rhoda Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	487-14-8413	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LYMPHATIC LEUKEMIA — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 2, 1952, to Dec. 16, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — VAH, FORT HOWARD, MARYLAND (ADDRESS) — 12-16-52 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal		Birch Lawn Cemetery	Pearisburg, Virginia

DATE REC'D BY LOCAL REGISTRAR: Dec. 17-52 — REGISTRAR'S SIGNATURE: Damon L. Farber

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Ship to: Givens Funeral Home, Pearisburg, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH

14199

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Convelescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural give location) 2007 Headland Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMPSON (Last) CARROLL
4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Jan. 4, 1918
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Rheem Mfg. Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Dr. Charles J. Carroll
14. MOTHER'S MAIDEN NAME: Erminie Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-16-3095
17. INFORMANT: Mrs. Marie Carroll 2007 Headland Ave. 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Rheumatic Heart disease — 20 yrs
(c) Acute glomerulonephritis — 10 days

416X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952 to Dec. 14, 1952, that I last saw the deceased alive on Dec. 14, 1952, and that death occurred at 10:55 A m., from the causes and on the date stated above.

SIGNATURE: James T. Mears (Degree or title) MD — ADDRESS: 520 Dist Sp. Pt. 19 Md — DATE SIGNED: 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 17, 1952 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12/17/52 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR: Ulrich Funeral Home | ADDRESS: 2112 Dundalk Ave -22

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1201

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 3/10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Information not available ✓

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) H. (Last) Carroll
4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 29 1880
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Information not available
14. MOTHER'S MAIDEN NAME: Information not available
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Record - Spring Grove Hosp

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic-V. Disease & Aortic Insufficiency & Hypertension — 8 mo.

(c) Prostatic Hypertrophy — 8 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia — 45 yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caplis — Deputy (Degree or title): Asst. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 12-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/27/52 — NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL — LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG. 12/26/52 — REGISTRAR'S SIGNATURE: V. E. Harry — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: CATONSVILLE, MD

DEC
BU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4201

Reg. Dist. No. 44 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIBA

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt-19. LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Disp -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 7009 DUNBAR Rd.

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) BRITT (Last) CLARK
4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		AUG. 5, 1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
GEN. FOREMAN	STEEL MFGR	KENTUCKY	U.S.A.

13. FATHER'S NAME: JOHN R. CLARK
14. MOTHER'S MAIDEN NAME: ANNA I. MALCOLM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	213-07-6943	MRS. FRANCIS B. CLARK, WIFE, SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular	5 yrs.
(c) Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

45.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
	None	

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Dep. Med. Exam. Dundalk, Md	12/5/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-6-52	UNION CEM.	STEUBENVILLE, OHIO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 3-1952	William M Kell	Kelly Bros. Dundalk, Md	

Dawson Farber

DEC 4
U. S.

14202

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paper mill Rd & Patterson Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baldwin
STREET ADDRESS (If rural, give location): Paper mill Rd & Patterson Rd

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) A (Last) Clayton.

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	march 15-1890	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	own. Home	Balto Co. Md	U.S.A.

13. FATHER'S NAME: Philip A. Eck.

14. MOTHER'S MAIDEN NAME: Hannah Dabler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Stanley L. Clayton, Paper mill Rd, Baldwin.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxiation by strangulation by hanging Suicide	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mental depression and Melancholia	30 yrs +
	(c)	

EG X+

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Collins C. Hudson M.D. (Degree or title) DME. ADDRESS: Towson Md. DATE SIGNED: 12/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/52	Fork Meth Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/30/52	[illegible]	Lascahn Funeral Home	7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3303 Greenvale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 3303 Greenvale Road

3. NAME OF DECEASED (Type or Print): (First) CELIA (Middle) (Last) COHEN

4. DATE OF DEATH: (Month) 12- (Day) 8- (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Burns

14. MOTHER'S MAIDEN NAME: Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jerome Sherman - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery Sclerosis	10 years
	(c) Generalized arteriosclerosis	15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	20 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 30 to Dec 8 ....., 19 52, that I last saw the deceased alive on Dec 8 ....., 19 52, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE: Jacob Cohen M.D. (Degree or title) ADDRESS: 1804 Eutaw Place DATE SIGNED: 12 9 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-10-52
NAME OF CEMETERY OR CREMATORY: Bnai Israel
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 12/10/52
REGISTRAR'S SIGNATURE: A. W. Fredrich
J. Letter

24. FUNERAL DIRECTOR / ADDRESS: Jack Levin 2100 Eutaw Pl

Items 8 & 9. See Film G150 1/16/53 jt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1201)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp. Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY 9
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Graysonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) C. (Last) COLLIER

4. DATE OF DEATH: (Month) (Day) (Year) 12-26-52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-20-~~89~~ 1889

9. AGE last birthday: 63 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Ins. (Metro Life Ins Co)

11. BIRTHPLACE (State or foreign country): Winchester, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Collier

14. MOTHER'S MAIDEN NAME: Georgia Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY No.: 301-16-6560

17. INFORMANT & ADDRESS: Clin. Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE CORONARY OCCLUSION — Interval Between Onset And Death: INSTANTANEOUS

DUE TO CORONARY ARTERIOSCLEROSIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1952, to Dec. 26, 1952, [redacted] and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Beverly H. White
BEVERLY H. WHITE M.D. Fort Howard, Maryland 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/28/52 — NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery — LOCATION (City, town, or county) (State) Centerville, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/27/52 — REGISTRAR'S SIGNATURE D. H. Harris

24. FUNERAL DIRECTOR ADDRESS
Morris E. Newman
125-127 S. Washington St., Easton, Md.

12-31-52 Dawson Parker-Exec

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Edgeview Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 10 Edgeview Road

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) JAMES (Last) CONLON

4. DATE OF DEATH: (Month) DEC. (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: June 18, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Life Ins. Dist. Off.

10b. KIND OF BUSINESS OR INDUSTRY: Metro. Life Ins. Co.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Conlon

14. MOTHER'S MAIDEN NAME: Margaret Ellen Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James P. Moore, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4.20.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19[illegible], to Dec. 22, 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE: Charles F. Powell, M.D. (Degree or title)
ADDRESS: 501 York Rd.
DATE SIGNED: 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 27, 1952
NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cemetery
LOCATION (City, town, or county) (State): Hanover, New Jersey

DATE REC'D BY LOCAL REG.: Dec. 22, 1952
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR: John Burns' Sons
ADDRESS: Towson, Md.

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14206

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 68 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ....
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 636 W. Fayette Street ✓

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) T. (Last) COX

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-19-08

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Lynchburg, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Cox

14. MOTHER'S MAIDEN NAME: Mattie Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 225-01-9966

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1814

Immediate cause (a) PAPILLARY CARCINOMA OF BLADDER

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-9-52, 12-15-52

19b. MAJOR FINDINGS OF OPERATION: Resection bladder tumor - 12-10-52 Closure of bladder fistula Excision of cervical lymph nodes left

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 23, 1952, to Dec. 30, 1952, [illegible] and that death occurred at 2:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph A. Baranowski M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/2/53

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/3/53

REGISTRAR'S SIGNATURE A. F. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS William J. Tickner & Sons
North & Penna. Ave. Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1420

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6911 Sollers Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk Md.
STREET ADDRESS (If rural give location): 6911 Sollers Pt. Rd.

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Elizabeth (Last) Croghan

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21, 1920

9. AGE (last birthday): 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Joseph Groves

14. MOTHER'S MAIDEN NAME: Charlotte Wisniewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Joseph Louis Croghan 6911 Sollers Pt. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) carcinoma of breast with

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to axillary, cervical

(c) glands and lungs, brain

INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Nov., 1952, that I last saw the deceased alive on Dec. 1, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Burton V. Lock MD — ADDRESS: 2936 E. Baltimore St — DATE SIGNED: 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 5, 1952 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 12/3/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.H.

24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural, give location) 527 Grantley St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HUGH (Last) DAFFER
4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 27, 1876
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (own business)
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Taylor Daffer
14. MOTHER'S MAIDEN NAME: Anne Furr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. William A. Daffer - 3611 W. Rogers Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

409.1 Immediate cause (a) Gangrene Wet Bilateral Extensive Foot & legs on Basis Chronic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Venous Insufficiency Arteriosclerosis / Generalized. (c) Hypertrophic Arthritis Back & hands.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 51, to 8 Dec, 19 52; that I last saw the deceased alive on 8 Dec, 19 52 and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. L. Smith M.D. 1709 Edmondson Ave. Catonsville 28 Md 8 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/11/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12-10
REGISTRAR'S SIGNATURE: S. L.
24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons Baltimore, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1209 17

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex-Baltimore-21- | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, Md.
STREET ADDRESS (If rural, give location) Old Joppa Road —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Reed	Dance	12-	22	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M.	White	married	Nov. 29, 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Public accountant	Danville Va.	US

13. FATHER'S NAME: Thomas Dance
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ns.
17. INFORMANT AND ADDRESS: Mrs. Estella Dance

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Dr Davis M.D	Dep. Med. Exam.	Dundalk-22-Md	12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 26-1952	Mountain Christian	Joppa	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-52	Edith Stanley-Clerk	Wm T. Archer	Benson, Md

14210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: County Baltimore; City or town Catonsville (If outside city or town limits, write RURAL and give nearest town); How long in above place of death?; Hospital, institution or street address where death occurred: 327 Greenlaw Road; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Baltimore; City or town Catonsville (If outside city or town limits, write RURAL and give nearest town); Street No. 327 Greenlaw Rd (If rural, give LOCATION); 2.(a) If veteran, name war

3.(a) FULL NAME Alfred W. Davis — 3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widowed

6.(b) Name of husband or wife Late Margaret Davis — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1882

8. AGE: Years	Months	Days	If less than one day
70	3	19	..... hrs. ..... min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual occupation Retired Warehouse Manager

11. Industry or business Welsh Const. Co.

MOTHER FATHER

12. Name Unknown

13. Birthplace ?

14. Maiden name ?

15. Birthplace

16. Informant Mr. T. Paul Davis

Address 324 Stratford Rd. (Cat.)

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/24/52 (month) (day) (year)

Cemetery or crematory Loudon Pk.

Location Balto. Md.

18. Funeral director Harry H. Nitzpe

Address 4101 Edmondson Ave

19. 12/23 1952 (Date rec'd by registrar) G. W. Jedrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1952 10:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1943 to Dec. 22, 1952.

and that I last saw him alive on Dec. 22 1952.

	DURATION
Immediate cause of death: Pulmonary Edema	4 hrs.
Due to: Bronchiectasis	15 yrs.
Due to:	
Other conditions: 526	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Herbert Goldstone M. D. M. D. or other

Address 810 Eutaw Pl. Date signed Dec 23 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1211

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Landsdowne
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Hollendale Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landsdowne
STREET ADDRESS (If rural give location) 204 Hollendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WASHINGTON (Last) DAVIS
4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	married	Feb 24, 1891	61 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Paint
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Lena Wolfe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Wife - Rose Davis - 204 Hollendale Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

452.0

Immediate cause (a) Heart failure — Interval Between Onset And Death 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis + asthma — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 19 Dec, 1952 to 23 Dec, 1952 that I last saw the deceased alive on 22 Dec, 1952, and that death occurred at 8:40 PM from the causes and on the date stated above.

SIGNATURE William Jackson (Degree or title) M.D. ADDRESS 1334 S. Glyndon Avenue DATE SIGNED 23 Dec 52.

BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 27/52 NAME OF CEMETERY OR CREMATORY Mrs Cathy Lindy LOCATION (City, town, or county) Rd Frederick Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 29 52 REGISTRAR'S SIGNATURE G. Kieffer

24. FUNERAL DIRECTOR Bernard A. Fitch ADDRESS Glen Burnie Md

VS. A15 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1121

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY — Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — della; MARYLAND; LENGTH OF STAY (In this place) — Hosp; HOSPITAL OR INSTITUTION OR STREET ADDRESS — 1 Spring ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — Md; COUNTY — Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — della; STREET ADDRESS (If rural, give location) — 1 Spring ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Daylorff

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov 1 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spume

10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: Usa

13. FATHER'S NAME: William H. Daylorff

14. MOTHER'S MAIDEN NAME: Emily Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 217-05-5652

17. INFORMANT AND ADDRESS: Richard Daylorff della

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo M Kieffer MD Dep Med Johns Hopkins Balto 1010 Leeds ave Dec 20 52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Dec 23 52 — NAME OF CEMETERY OR CREMATORY: St John Cem — LOCATION (City, town, or county) (State): Ellicott City Md

DATE REC'D BY LOCAL REG. 12-22-52 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR — ADDRESS: Eddelton Sons Ellicott City Md

V8-A10A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7230

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, R.F.D. 50 yds; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Westchester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (R.F.D.); STREET ADDRESS (If rural, give location) Westchester Ave.

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) UNICE (Last) DEITZ

4. DATE OF DEATH: (Month) Dec. (Day) 10th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 7/6/1895

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Helper

10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilbert H. Riddicord

14. MOTHER'S MAIDEN NAME: Laura Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-5194

17. INFORMANT AND ADDRESS: Mrs. Peggy Riddicord Ellicott City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Ca of Liver & Intestines — Interval Between Onset and Death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Body of Uterus — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis, Ca of Uterus with metastasis to liver & intestines

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-10, 1952, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Gallager (Degree or title) M.D. ADDRESS: Catonsville 6-28, Md. DATE SIGNED: 12/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/13/52 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 12/12/52 — REGISTRAR'S SIGNATURE: Victor Harry

24. FUNERAL DIRECTOR — ADDRESS: Eaton Home Catonsville, Md.

VS. 45

RECEIVED
DEC 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14213

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 907 Valley Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) E. (Last) DENFORD

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-9-05

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Shipyard worker

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Steel Ship Yards

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: August Denford

14. MOTHER'S MAIDEN NAME: Emily Morts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 218-12-8379

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 13 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec.8, 1952, to Dec.16, 1952 [redacted] and that death occurred at 10:25 PM, from the causes and on the date stated above.

SIGNATURE AND (Degree or title): FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED: 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 27-1952 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/18/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home, 2008 Orleans Street, Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Illinois — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Normal
STREET ADDRESS (If rural, give location): 603 N. Scholl ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) DENNIS (Last) DENZEK

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 16, 1923

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY: Steamship

11. BIRTHPLACE (State or foreign country): Montenegro

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 378-16-0666

17. INFORMANT AND ADDRESS: Mrs. Rosemary Gleisner 603 N. School St Normal, Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Depressed skull fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Ship
(CITY OR TOWN) (COUNTY) (STATE): S.S. Santore, Carribean Sea off Jamaica
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 4, 1952 12:20 P. m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell to deck when heavy sea hit ship

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Battle (Degree or title) — ADDRESS: 700 Fleet St., Baltimore, Md. — DATE SIGNED: Dec. 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Dec. 9, 1952
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Grand Rapids, Mich.

DATE REC'D BY LOCAL REG.: 12/9/52
REGISTRAR'S SIGNATURE: Mrd. Redick
24. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

Done

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NS. 216A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14215

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp,Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
STREET ADDRESS (If rural give location) 8 North Point Road

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) J. (Last) DOEMLING

4. DATE OF DEATH: (Month) December (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/16/88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: lens maker

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew

14. MOTHER'S MAIDEN NAME: Elizabeth Foster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Fort Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.20 I

Immediate cause (a) ARTERIOSCLEROSIS, RIGHT CORONARY ARTERY, WITH

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) THROMBOSIS AND INFARCTION OF LEFT VENTRICAL

DUE TO (c)

Interval Between Onset And Death: TWO DAYS

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5 ..., 1952.., to Dec. 24 , 1952., and that death occurred at 2:55 P.M., from the causes and on the date stated above.

[signature] (Degree or title) ADDRESS VAh, Fort Howard, Maryland DATE SIGNED 12-24-52

WILLIAM B. VANDERCRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-29-52 NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery LOCATION (City or Town) (County) (State) BALTIMORE Eastern Ave Md

DATE REC'D BY LOCAL REGISTRAR December 27, 1952 REGISTRAR'S SIGNATURE R.W. ADDRESS ...

24. FUNERAL DIRECTOR Howard Blight Funeral Home 6009 Harford Rd., Baltimore, Md.

Mildred J. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14316

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 (1-51)

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 27yrs.1mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3107 Orlando Avenue

3. NAME OF DECEASED: (Type or Print) (First) Conrad (Middle) G. (Last) Doering

4. DATE OF DEATH: (Month) December (Day) 18, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-15-1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: unemployed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Doering

14. MOTHER'S MAIDEN NAME: Elizabeth Bergmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)? (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mr. Melvin Doering--3413 Brenda Ave, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151 X

Immediate cause (a) Pernicious type anemia — Interval between onset and death: 1 YEAR

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of stomach — Interval between onset and death: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disense or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-..., 1950..., to 12-18-..., 1952..., that I last saw the deceased alive on 12-18-..., 1952..., and that death occurred at 11.10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-22-1952

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REG. 12/22/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

DMR

Filpn D150 - Item #9
11/9/53 - mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1217

Reg. Dist. No. 14

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (In this place) 1 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) Route #1, Box 29 ✓

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Frederick (Last) Dreier

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-24-1898

9. AGE last birthday: 54 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Steele

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mitchell Dreier

14. MOTHER'S MAIDEN NAME: Marie -----Unk.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) 213-10-9198 Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchogenic carcinoma	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-, 1952, to 12-22-, 1952, that I last saw the deceased alive on 12-22-, 1952, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland — DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-24-52 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) (State) Glen Burnie Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR T. V. Singleton — ADDRESS Glen Burnie, Md

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1421

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk. Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home 1 Mavista Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1 Mavista Ave.

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) L. (Last) Drummond
4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 52
5. SEX Male
6. COLOR OR RACE white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Oct. 28, 1898
9. AGE last birthday 54 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wire drawer
10b. KIND OF BUSINESS OR INDUSTRY Steel mfg.
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George W. Drummond
14. MOTHER'S MAIDEN NAME Tesa Ann Hester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Edward H. Brown - 56 Avalon Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D Dundalk Md Dep Med Exam - Dundalk-Md 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/29/52 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 1/2 | REGISTRAR'S SIGNATURE Washington Baltimore Co. Md.

24. FUNERAL DIRECTOR Wm. J. Dickener & Sons ADDRESS Balto 17 Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6428 Dogwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6428 Dogwood Rd.

3. NAME OF [redacted] (Type or Print): (First) SYLVESTER (Middle) A. (Last) DUFF, Sr.

4. DATE OF DEATH (Month) Dec. (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 20, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sanford Duff

14. MOTHER'S MAIDEN NAME: - Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Anna M. Duff - 6428 Dogwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
593X Immediate cause	(a) Malnutrition; Renal Deficiency (Atony)	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis (acquired)	50 yrs.
	(c) Total Blindness	11 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1937..., to Dec 13 ..., 1952..., that I last saw the deceased alive on Dec 13 ..., 1952..., and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Michael A. Abrams M.D. | 1820 Eutaw place Balto Md | 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/16/52 | NAME OF CEMETERY OR CREMATORY: Good Sheppard Cem. | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 12/15/52 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons | ADDRESS: Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

51

14220

Reg. Dist. No. 4144

1. PLACE OF DEATH: COUNTY Baltimore | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. | MARYLAND | LENGTH OF STAY (In this place) 35 YRS | HOSPITAL OR INSTITUTION OR STREET ADDRESS Bath Steel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point (19) | STREET ADDRESS (If rural, give location) 220 F STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERMAN	FRANKLIN	DUNCAN	12 -	9	1952

5. SEX	6. COLOR OR RACE	7. ~~Single~~, MARRIED, ~~Widowed~~, ~~Divorced~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White		5 AUG., 1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIREMAN	PUBLIC SAFETY	LURAY, VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH DUNCAN	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-090-635	MRS. H.F. DUNCAN - WIFE - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		
	m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.D. Dawson	Dep. Med. Exam.	Balto Co. - Dundalk, Md	12/9/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-13-52	OAK LAWN	BALTO. CO., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10-1952	William M. Keely	Walter Burke Bradley, Dundalk, Md	

Dawson Funeral

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1221

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orwigsburg. Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) R. (Last) Dunkle
4. DATE OF DEATH: (Month) Dec ~~Oct~~ (Day) 28 (Year) 52 ~~1951~~
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Oct 15-1886
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Ship yard Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Jersey Shore Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Cratus Dunkle
14. MOTHER'S MAIDEN NAME: Catherine Harriger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hummel Funeral Home. Pottsville Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	8yrs Apx
	(c)	

too. I

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles A. Donnelly M.D. 750 York Rd Towson 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Mem'l
DATE THEREOF: 12/28/52
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): Schuylkill Haven Pa.

DATE REC'D BY LOCAL REGISTRAR: 12-29-52
REGISTRAR'S SIGNATURE: Hunter [illegible]
24. FUNERAL DIRECTOR: William Cook Inc. ADDRESS: Baltimore Md

Obs. Rollin E. Nerdon M.D., DME. Towson Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Chapman Rd

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) L. (Last) Dunn
4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 6 1874
9. AGE last birthday: 78 yrs. — If under 1 Year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Schriver
14. MOTHER'S MAIDEN NAME: Delia Ebmire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Gladys Brenner 9122 Liberty Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis — 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pneumonia — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 47 to Dec 14 19 52, that I last saw the deceased alive on Dec 13 19 52, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. C. Smith 4509 Liberty Rd Dec 15

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/16/52
NAME OF CEMETERY OR CREMATORY: Pt Olive
LOCATION (City, town, or county) (State): Randallstown Md

DATE REC'D BY LOCAL REG. 12/16/52
REGISTRAR'S SIGNATURE: H. N. Hedrick M.D.

24. FUNERAL DIRECTOR: E. W. Lamoreaux — ADDRESS: 4510 Liberty Rd Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1122

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 9 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) Box 189

3. NAME OF DECEASED: (Type or Print) (First) Phillip (Middle) Felix (Last) Duplessis

4. DATE OF DEATH: (Month) December (Day) 9, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-28-1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chef	Restaurant	France	?USA

13. FATHER'S NAME: Louis Duplessis

14. MOTHER'S MAIDEN NAME: Melanie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Joseph Soper 6996 Central Avenue, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
1st X	Immediate cause	(a) Uremia	3 months
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Failure of uretero-epidermal anastomosis (rt.)	3 months
		DUE TO (b) With operative absence of left kidney	13 months
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
11-3-51	Carcinoma of urinary bladder (NOW ABSENT)	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1952, to 12-9, 1952, that I last saw the deceased alive on 12-9, 1952, and that death occurred at 11.00 p. m., from the causes and on the date stated above.

SIGNATURE James McDerby M D (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/12/52	Cedar Hill Cemetery	Suitland, Pr. Geo. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/52	V E. Harry	W. W Chambers Co	517-11th St SE. Wash. D.C.

HS-A15 8-51

Dr Carter
601 Hilton Rd.
To 4563.

1221

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■ refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY 6608 Rarem Hill Road MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6608 Rarem Hill Road

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Jeanette (Last) Eldridge

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1952

5. SEX F | 6. COLOR OR RACE White | 7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH March 16 1945 | 9. AGE last birthday 7 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Springfield Vermont | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Francis Reed Eldridge | 14. MOTHER'S MAIDEN NAME Margaret Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr Francis R. Eldridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 24 hrs.

1960 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Osteogenic sarcoma (Femur, left) 7 mos.
(c) Metastases lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1952 | 19b. MAJOR FINDINGS OF OPERATION Osteogenic sarcoma, left femur | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Dec. 25, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dec 26 1952

Charles C. Cramer M.D. 100 Burke Ave. Towson 4 MD

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Dec 26-52 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. December 26 1952 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR John A Moran | ADDRESS 3000 E Balto St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loreley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loreley Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Edward (Last) Everett
4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. WHETHER MARRIED, WIDOWED, OR DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10-1885
9. AGE last birthday: 67 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Mfg.
11. BIRTHPLACE (State or foreign country): Northfork N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-9536
17. INFORMANT AND ADDRESS: Jim P. Everett Town 4 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion & Infarction	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Dis.	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1952 to Dec. 24, 1952 that I last saw the deceased alive on 12/24, 1952 and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED
Clifford F. Hudson, M.D. Fork 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: Dec. 27-52
NAME OF CEMETERY OR CREMATORY: Fork M. E. Cem
LOCATION (City, town, or county) (State): Fork Md.

DATE REC'D BY LOCAL REG.: Dec. 26-52
REGISTRAR'S SIGNATURE: C. E. [illegible]
24. FUNERAL DIRECTOR: C. E. Luther
ADDRESS: Fork Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1226

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 1 yr. 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) Lee (Last) FLETCHER

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		Sept 6, 1862	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
unknown	unknown	Virginia	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records - Spring Grove Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442 X Immediate cause	(a) Senility	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic cardiovascular disease	
DUE TO	(c) Senile arteriosclerotic nephrosclerosis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1950, to 12-3, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Sara E. Bennett, M.D ADDRESS Spring Grove Hosp. DATE SIGNED 12-3-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-3-52		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-3-52	V E. Harry	Demaine Funeral Home	Alex Va

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14227

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the numbers of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Bros. P & P.R.R

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) Ray (Last) Foley

4. DATE OF DEATH: (Month) Dec. (Day) 9th (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-7-34

9. AGE last birthday: 18 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Ed Foley Co.

11. BIRTHPLACE (State or foreign country): Burnsville W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Grover Foley

14. MOTHER'S MAIDEN NAME: Josie Jane Conard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John G. Foley - White Marsh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound crushing fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Head fracture with thigh & hip (c) Multiple rib &c.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) R.R.

(CITY OR TOWN) Middle River (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 9 (Year) 52 (Hour) 4 P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Hit by train on Pa. R.R.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McDermott M.D. Co. Physician Towson Md. 12/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-12-52

NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery

LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 12/10/52

REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR John G. Connelly

ADDRESS 418 Eastern Ave. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York and Ensor Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural, give location): York and Ensor Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) FOX

4. DATE OF DEATH: (Month) December (Day) 30, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 17, 1877

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Operator- Retired

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wilhelm

14. MOTHER'S MAIDEN NAME: Elizbeth Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. George Gleadall Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Mitral Endocarditis	Unknown
	(c) Chronic Bronchitis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15th, 1952, to Dec 30th, 1952, that I last saw the deceased alive on Dec 30th, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: E. B. Ensor M.D. (Degree or title) ADDRESS: 7201 York Rd. Balto 12 Md. DATE SIGNED: 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1953	Parkwood Cemetery	Parkville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/2/53	Wm. J. Schildroad	John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12229

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 13yrs 8mos.17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 122 N. Luzerne Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Franke

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	10-31-1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework		Maryland	USA

13. FATHER'S NAME: William Franke

14. MOTHER'S MAIDEN NAME: Caroline Meisole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	Unknown	Spring Grove State Hospital Records Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Dehydration, malnutrition, and uremia	Months
	DUE TO (c) Decubitus ulcerations, multiple severe	Months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis and senility — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18-, 1952, to 12-11-, 1952, that I last saw the deceased alive on 12-11-, 1952, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Albert A Kurland MD — ADDRESS Spring Grove State Hospital Catonsville 28, Maryland — DATE SIGNED 12-11-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 13/52	St Matthews Cem	Balto

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 13, 1952	R.W. ✓	Ulman Final Home	2004 Ca[illegible]

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1230

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3800 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 4712 Matilda Ave. New York, N.Y.

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) Sophia (Last) Frederickson
4. DATE OF DEATH: (Month) Dec. (Day) 30/52 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 13, 1898
9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Enlow
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Elwood Frederickson, Box 44

18. MEDICAL CERTIFICATION: So. New Berlin, New York

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 30 mins

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Under

(c) Diabetes Mellitus — 4 Yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Broncho- Left — 1 Day.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1952 to Dec 30, 1952 that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 1:15 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Bradley Daugherty M D
ADDRESS 1264 Francisbue Balto 27 Md
DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12/31/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Zion, Illinois

DATE REC'D BY LOCAL REG. 1/3/53
REGISTRAR'S SIGNATURE A. W. Fredrick M.D.
24. FUNERAL DIRECTOR ADDRESS: Harry F. Leitzke, 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 108 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 19
STREET ADDRESS (If rural give location): 2512 Lodge Farm Road

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (NMI) (Last) GALLOP

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-13-88

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas

14. MOTHER'S MAIDEN NAME: Mollie Foxible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO: 220-05-2971

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

413X

Immediate cause (a) INSUFFICIENCY AND STENOSIS OF MITRAL VALVE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC RHEUMATIC ENDOCARDITIS — UNKNOWN

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 19 52, to Dec. 8, 19 52 and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-12-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/10/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland

JCL Mildred T. Blight

Film 6150, Item #7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4232

Reg. Dist. No. .....

VS. A(BA) T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7728 Fairgreen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7728 Fairgreen Road

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) LEE (Last) GARRISON

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 23 1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert McCombs

14. MOTHER'S MAIDEN NAME: Dora Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Vesta Arnold 7728 Fairgreen Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held on Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

R B Fisher Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. 12/30/52

III. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12/30/52 — NAME OF CEMETERY OR CREMATORY Elkview W Va — LOCATION (City, town, or county) (State) Elkview W Va

DATE REC'D BY LOCAL REG. 12/30/52 — REGISTRAR'S SIGNATURE H W Hedrick Jr. Asst — 24. FUNERAL DIRECTOR — ADDRESS Miller & Sons Funeral Home 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD. 14233

CERTIFICATE OF DEATH

Reg. Dist. No. ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14.
STREET ADDRESS 8036 Harford Rd (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) E. (Last) GIBSON
4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 12 1886
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS: Hours ____ Min. ____

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tool Dresser
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James E. Gibson
14. MOTHER'S MAIDEN NAME: Joanne Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-18-2546
17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Pulmonary Tuberculosis — several yrs
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

002

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-16, 1952, that I last saw the deceased alive on 12-15, 1952, and that death occurred at 8.50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress M.D.
ADDRESS Eudowood Sanatorium - Towson, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/18/52
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/17/52
REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS
Chas H. Evans & Son
118 W. Mt Royal Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12231

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore – 19, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2916 Sparrows Pt Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ; COUNTY ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do; STREET ADDRESS (If rural give location) do

3. NAME OF DECEASED (Type or Print): (First) KARL (Middle) P. (Last) GINDRA

4. DATE OF DEATH (Month) DEC. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20. 1869

9. AGE last birthday: 83 YRS. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 219-05-4528

17. INFORMANT: Theresa Peters (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1150.0 Immediate cause	(a) Myocardial Failure.	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility and arteriosclerosis.	8 yr
	(c) Bronchial asthma	2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1942, to Dec 17, 1952 that I last saw the deceased alive on Dec 16, 1952 and that death occurred at 8:45 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis D. Tollin. M.D. 6908 North Pt. Rd Balto. 19 – 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify); DATE THEREOF; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

Burial; Dec 20. 1952; St Stanislaus; Baltimore Md

DATE REC'D BY LOCAL REG. 12/18/52; REGISTRAR'S SIGNATURE A. W. Hedrick M.D.; 24. FUNERAL DIRECTOR; ADDRESS

Leland Funeral Home 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York and Ensor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural, give location): York and Ensor Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) EDWIN (Last) GLEADALL

4. DATE OF DEATH: (Month) December (Day) 23, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Sales Mgr. Retail

10b. KIND OF BUSINESS OR INDUSTRY: Carpet Mfg. Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Gleadall

14. MOTHER'S MAIDEN NAME: Hannah Arden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 522-01-5634

17. INFORMANT AND ADDRESS: George Gleadall, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Parotid Gland and Neck — Interval between onset and death: 1 yr ±

142.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Parotid Gland — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 19 52, to Dec 23, 19 52, that I last saw the deceased alive on Dec 22nd, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. A. Ensor M.D. 7201 York Rd, Balto. 12, Md. 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 26, 1952 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG. 12/29/52 — REGISTRAR'S SIGNATURE: Wm. J. Ahlcoat

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9/ 12336 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Owings~~ North Branch, Mills — MARYLAND — LENGTH OF STAY (In this place): Traveling thru — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — STREET ADDRESS (If rural, give location): 203 Baltimore Avenue

3. NAME OF DECEASED (Type or Print): (First) Markwood (Middle) Hamilton (Last) Grabill

4. DATE OF DEATH: (Month) 12 - (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-17-'28

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Layton G. Grabill

14. MOTHER'S MAIDEN NAME: Edna M. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#2

16. SOCIAL SECURITY NO.: 220-20-2388

17. INFORMANT AND ADDRESS: Mrs. Edna Grabill- 203 Balto. Ave. Towson-4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured neck and skull — 20 min?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to automobile accident

(c)

820.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Liberty Rd. — (CITY OR TOWN): Owings Mills — (COUNTY): Balto. — (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 12-19-'52- 2a. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Car struck bank on side of highway & overturned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples — (Degree or title): Deputy Med. Exam. M.D. — ADDRESS: 6 Hanover Road, Reisterstown, Md. — DATE SIGNED: 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-21-'52 — NAME OF CEMETERY OR CREMATORY: Union Chapel — LOCATION (City, town, or county) (State): Libertytown, Frederick, Md.

DATE REC'D BY LOCAL REG.: Dec. 20, 1952 — REGISTRAR'S SIGNATURE: Thos. E. Martin — 24. FUNERAL DIRECTOR: Wm. A. Haight - Sykesville, Md. Luther H. Haight — ADDRESS

RECEIVED
DEC 28 1972
U.S.

Former Residence 2522 W. Balto. St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6811 Campfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Lousia (Middle) Katherine (Last) Graefe
4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 26, 18[illegible]
9. AGE last birthday: [illegible] yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Schneider
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Rogers Augsburg Home 6811 Campfield R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease — Interval Between Onset and Death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) –
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis. — 6 months

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1948, to Dec. 2, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers (Degree or title) M.D. ADDRESS 4108 Liberty Hts. Balto. 7-Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/5/52
NAME OF CEMETERY OR CREMATORY: Louder Pk
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 12/3/52
REGISTRAR'S SIGNATURE: C. W. Hedrick M.D.
24. FUNERAL DIRECTOR ADDRESS: Paul A. Hoffmann 6037 Harford Rd.

123

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 6 mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn
STREET ADDRESS (If rural, give location): 8701 Rhode Island Avenue

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) E. Marshall (Last) Gravatt

4. DATE OF DEATH: (Month) December (Day) 3, (Year) 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	2-3-1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	USA

13. FATHER'S NAME: ? Marshall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Unknown	Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Cardiac failure	
522X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary edema	
(c) Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Left femur	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	hospital	Catonsville	Balto	md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Nov 15, 52 4 p.m.		Roaming around had fell on floor

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. M. Kieffer MD	Resident	Spring Balto 10	Dec 3 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/6/52	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 4 1952	Mrs. Jas. Devere Whitley (Local) Victor Henry	E. Gaeche sons	Hyattsville Md

RECEIVED
COPY SENT TO [illegible] No. ___ DATE ___ DEC
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place) 25yrs,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) Rt.3,Box 281 Robinson Ave.

3. NAME OF DECEASED (Type or Print) (First) Adeline (Middle) (Last) Greere

4. DATE OF DEATH (Month) (Day) (Year) 12/13/52 19

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 12/22/83

9. AGE last birthday 69 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Anne Arundel,Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cornelis Mulberry

14. MOTHER'S MAIDEN NAME Lucy Mulberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Amos Porter,Rt.3 Box 281 Edgemere Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 10 days (b) unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3rd, 1952, to Dec 13th, 1952, that I last saw the deceased alive on 13th Dec 1952, and that death occurred at 1A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Thomas M.D. ADDRESS 107 N. Main St Catonsville Md DATE SIGNED 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/16/52

NAME OF CEMETERY OR CREMATORY Mt. Calvary

LOCATION (City, town, or county) (State) A.A.,Co., Md.

DATE REC'D BY LOCAL REG. 12/15/52

REGISTRAR'S SIGNATURE A. N. Bedrick M.D.

24. FUNERAL DIRECTOR ADDRESS Charles R. Law,802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2yrs.7mos.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Contee Road ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Grine

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4210

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypostatic pneumonia — Interval: "

DUE TO (c) Arteriosclerotic heart disease — Interval: Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Interval: Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-, 1952, to 12-5-, 1952, that I last saw the deceased alive on 12-5, 19 52, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Wenzbram-Greey M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 7-1952 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemy — LOCATION (City or Town) Laurel (County) P.G. (State) Md.

DATE REC'D BY LOCAL REG. 12/5/52 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR W. Curtis Donaldson — ADDRESS Laurel Md.

DEC 9
BUREAU V. S.

14241

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 601 F. St.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural give location): 601 F. St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) GUETLER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 26, 1860

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ste I worker retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Don't know

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT: Charles J. Guetler 3924 Kimbel Road 18

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	Sudden
471X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Pneumonia	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 years, 19..., to Dec. 13, 1952 that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dawson L. Harber M.D. 614 "D" St. Sparrs Point 19+++ 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 16, 1952
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Colgate, Md.

DATE REC'D BY LOCAL REGIS.: Dec. 15 52
REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR: Ullrich Funeral Home
ADDRESS: 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE; 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Randallstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS M cDonough road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN
STREET ADDRESS (If rural, give location) McDonough road

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) (Last) Emma V. Hagenrater
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 20th 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Oct 26th 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore co.Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JOHN D. SUDMAN
14. MOTHER'S MAIDEN NAME: LOUISA LUTZE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: John W.Hagenrater McDonough rd. Randallstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) CARCINOMATOSIS
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) CARCINOMA OF BREAST
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH
170+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19..51., to 12/20/52, 19....., that I last saw the deceased alive on Dec. 20th 1952, 19....., and that death occurred at 2-35P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec.23 1952
NAME OF CEMETERY OR CREMATORY Mt.Olive cemetery
LOCATION (City, town, or county) (State) Randallstown baltimco Md.
DATE REC'D BY LOCAL REGISTRAR 12/20/52
REGISTRAR'S SIGNATURE Wm.E.Martin cmc
24. FUNERAL DIRECTOR ADDRESS E.Willis Lamoreau 4510 Liberty hts av.

Item 18 Film G150 1-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jeanettie (Middle) Lawson (Last) Hall

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: 12/18/1885 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Prince Hall Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Lawson | 14. MOTHER'S MAIDEN NAME: Hannah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Harry Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
1104	Immediate cause	(a) Mitral Insufficiency	2 yrs 11 mo - 23 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	3
		(c) Chr. Nephritis	6 months.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/ 1950 to 12/31/ 1952 that I last saw the deceased alive on 12-31- 1952, and that death occurred at 4.30 A m., from the causes and on the date stated above.

SIGNATURE: C. H. Maloney (Degree or title) M.D. ADDRESS 57 Winterslane Balto. 28 DATE SIGNED 12/31/52

26. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/2/1953 | NAME OF CEMETERY OR CREMATORY: Mt. Lucas | LOCATION (City, town, or county): Ellicott City (State): Md.

DATE REC'D BY LOCAL REG.: January 3. 1953 | REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Mrs Katie R Williams ADDRESS 322 [illegible]

VS. A15

14243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS: A15:

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) 5719 JOHNSON ST.

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) VIRGINIA (Last) Harry

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-28-88

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen S. Bourne

14. MOTHER'S MAIDEN NAME: Mary Loutisia BUCHANAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.D. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — Interval between onset and death: 3+ yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Parkinson's Disease — Unk.

(c) Decubitus ulcers, multiple — 2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1952, to 12-7, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lucie F. Woodward, M.D. Spring Grove State Hosp. Catonsville 28 Md. 12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: DEC. 9, 1952
NAME OF CEMETERY OR CREMATORY: CEDAR HILL
LOCATION (City, town, or county) (State): ANNE ARUNDEL MD.

DATE REC'D BY LOCAL REG'R: 12/9/52
REGISTRAR'S SIGNATURE: A.W. Hedrick
24. FUNERAL DIRECTOR: GEORGE J. GONCE
ADDRESS: 4001 KITCHIN N.Y.

Jones

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (In this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...
4. DATE OF DEATH: (Month) ... (Day) ... (Year) 19...

5. SEX ... 6. COLOR OR RACE ... 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ... 8. DATE OF BIRTH ... 9. AGE last birthday ... yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ... 10b. KIND OF BUSINESS OR INDUSTRY ... 11. BIRTHPLACE (State or foreign country) ... 12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME ... 14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ... 16. SOCIAL SECURITY NO. ... 17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ...

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURRED While at Work ☐ Not While At work ☐ ... HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) Burial ... DATE THEREOF Jan 1-1953 ... NAME OF CEMETERY OR CREMATORY Hempstead ... LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 12/3/52 ... REGISTRAR'S SIGNATURE A. W. Hedrich M.D. ... 24. FUNERAL DIRECTOR Edw Tipton ... ADDRESS Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14245

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta
LENGTH OF STAY (in this place) 2 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 508 Delta Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta
STREET ADDRESS (If rural give location) 508 Delta Ave

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Norman Hatfield
4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 52

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 22, 1902
9. AGE last birthday 50 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY House painter
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Hatfield
14. MOTHER'S MAIDEN NAME Matilda Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Ida Hatfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis. — 1/2 hour
420.1
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) Arteriosclerotic Cardio-Vascular Disease. — 2 years.
260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — 10 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1948, to Dec. 2, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William F. Jassamy M.D. Ellicott City, Md. 12/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/5/52
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Howard Co.

DATE REC'D BY LOCAL REG. 12/5/52
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Thos Nabb & Son
ADDRESS Catonsville 28

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 246

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PRINTING INK. Every item of information should be carefully supplied, correct age is especially: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): William C. Heatherich

2. DATE OF DEATH: Dec 28-52

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2809 Oakcrest Ave
c. Length of stay in Baltimore: Yrs Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D STREET ADDRESS (If rural, give location): 2809 Oakcrest Ave.

5 SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Widowed	Apr. 27 1898	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman	Salt	Balto.	U.S.A.

13. FATHER'S NAME: George W. Heatherich

14. MOTHER'S MAIDEN NAME: Christena Blankford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: 218-32-3210

17. INFORMANT: Christena Heatherich ADDRESS: 2809 Oakcrest

CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

(B) Diabetes Mellitus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

592X ANTECEDENT CAUSES

DUE TO

(C) Chronic Nephritis

(260X)

22. I hereby certify that I attended the deceased from June, 1947 to Dec 28, 1952 that I last saw the deceased alive on Nov. 18 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE: Nathan Janney M. D. — 23B. ADDRESS: 7101 Harford Rd. — 23C. DATE SIGNED: 12/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	DEC 31 1952	PARKWOOD CEM	TAYLOR AVE MD

DATE RECEIVED BY LOCAL REGISTRAR: Dec 31 1952

REGISTRAR'S SIGNATURE: A. L. Reifsnider

25. FUNERAL DIRECTOR — ADDRESS: Duffel Bros 7110 BELAIR RD.

VS 150
1-5-53

VS. A15

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: print the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 W. Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 309 W. Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) HELD SR.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1952

5. SEX: Male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 23, 1880

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive Secretary - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Federal Land Bank, Balto

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Held

14. MOTHER'S MAIDEN NAME: Annie Breyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Elsie M. Held, 309 W. Penna. Ave., Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Bronchial — Interval Between Onset and Death: 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1951, to Dec. 4, 1952, that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED Dec. 17, 1952.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Dec. 7, 1952	Prospect Hill Cemetery	Towson, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 7, 1952	Mabel C. Gray	JOHN BURNS' SONS, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1248

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH: 7707 Chestnut Rd.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (47 Co.)
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 7707 Chestnut Ave

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Emma (Last) Walker
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Fem	Colored	Widow	Nov 27 1890	62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thos Walker
14. MOTHER'S MAIDEN NAME: Emma Walker

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Information 212-24-1202
17. INFORMANT & ADDRESS: Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

1744 Immediate cause (a) ..... Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....
DUE TO
(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (Day) (Month) (Year) None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1952, to Dec 24, 1952, that I last saw the deceased alive on Dec 24, 1952, and that death occurred at 12:45 P.M. Dec 24 52 from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/23/52
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Balto (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12-24-52
REGISTRAR'S SIGNATURE A. N. Hedrich M.D.
24. FUNERAL DIRECTOR L. J. Ruck
ADDRESS 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

14249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Baltimore 22; LENGTH OF STAY (in this place) 6 - 6 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Baltimore 22; STREET ADDRESS (If rural, give location) 204 Herman Hill Road

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) H. (Last) Hinkel

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 10-1894

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Hancock Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward A. Rolton

14. MOTHER'S MAIDEN NAME: Elizabeth Ashbittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: no.

17. INFORMANT AND ADDRESS: Mrs. William Hinkle 204 Herman Hill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 5 years

Antecedent cause(s), Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Bladder — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Interstitial) — 2

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Dec 11, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) M.D. ADDRESS: 1010 North Point Rd DATE SIGNED: 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-15-52 — NAME OF CEMETERY OR CREMATORY: Little Orleans Md — LOCATION (City, town, or county) (State): Little Orleans Md

DATE REC'D BY LOCAL REG. 12-31-52 — REGISTRAR'S SIGNATURE: Wm. Kelly, Jr. Cme — 24. FUNERAL DIRECTOR: Howard J. Stone — ADDRESS: Hancock Md

DATE 12/31/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

14252

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
LENGTH OF STAY (In this place) 14+ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
STREET ADDRESS (If rural, give location) Upperco P.O. Md.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Orr (Last) Hoffman

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Mo. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James E. Hoffman

14. MOTHER'S MAIDEN NAME: Emma J. Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-18-0993

17. INFORMANT AND ADDRESS: daughter Mary H. Hoffman Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetes Mellitus - Coma the end.	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage - Apoplexy 2 strokes	Dec 11-'52
	(c) Arterio - sclerosis.	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1952, to Dec. 16, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 12:45 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emil E. Bowie M.D. ADDRESS: Upperco Md. DATE SIGNED: Dec. 16 - 1952.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 19-1952

NAME OF CEMETERY OR CREMATORY: Wesley

LOCATION (City, town, or county) (State): Cowell Co Md

DATE REC'D BY LOCAL REG.: 12-17-52

REGISTRAR'S SIGNATURE: Mary B. Elmer

24. FUNERAL DIRECTOR ADDRESS: Edw C Tipton Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14251

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Airy
STREET ADDRESS (If rural give location) Route 5 ✓

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) A. (Last) HOLMES

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-17-95

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Tannersville, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Holmes

14. MOTHER'S MAIDEN NAME: Alice Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 223-12-4717

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(1) Immediate cause (a) CHRRHOSIS OF THE LIVER — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) .....
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 19 52, to Dec. 9, 1952 and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE F. G. Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 12-10-52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Tannersville, Virginia

DATE REC'D BY LOCAL REGISTRAR 12/11/52 REGISTRAR'S SIGNATURE A. W. Hedrick M.R. ADDRESS

24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md. Mildred F. Blight

SHIP TO: D. R. Henderson Funeral Home, Saltville, Virginia

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1425

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ....
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2901 Clear View ~~Street~~ AVE. ✓

3. NAME OF DECEASED: (Type or Print) (First) CLIFFORD (Middle) M. (Last) HUBBS, SR.

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/25/96

9. AGE Last birthday: 56 yrs. — IF UNDER 1 YEAR: Months ... Days ... — IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: ....

11. BIRTHPLACE (State or foreign country): Moorestown, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William

14. MOTHER'S MAIDEN NAME: Anna Morehouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 164-01-1980

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHROMOPHOBE ADENOMA OF HYPOPHYSIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ....

DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/30/52

19b. MAJOR FINDINGS OF OPERATION: Partial removal of pituitary tumor.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1952, to Dec. 31, 1952, [illegible] and that death occurred at 9:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. — ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-2-53 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1/2/53 — REGISTRAR'S SIGNATURE A W Kedrick

24. FUNERAL DIRECTOR — ADDRESS Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 14, Md.

Mildred T. Blight

VS-A15 RELEASED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Brightside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 115 Brightside Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Ireland

4. DATE OF DEATH: (Month) (Day) (Year) 12--7--1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 12-10-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Randallstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Harmon Klohr

14. MOTHER'S MAIDEN NAME: Barbra Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Brantly K. Ireland, 115 Brightside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF THE LIVER

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1952, to 12/7, 1952; that I last saw the deceased alive on 12/7, 1952, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel P. Scalia, M.D. ADDRESS 1004 Reisterstown Road Pikesville, Md DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-10-52

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Randallstown Md

DATE REC'D BY LOCAL REG. 12-8-52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4254

CERTIFICATE OF DEATH

Reg. Dist. No. 3-A

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (In this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY (Bal)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5565 Ashbourne Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Phillip (Last) Jeffers, Sr.

4. DATE OF DEATH: (Month) (Day) (Year) December 18, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-10-1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician	United Railways & E. Co.	Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Mr. George Phillip Jeffers, Jr. 5565 Ashbourne Avenue, Baltimore 27, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute hemorrhage	Instantaneous
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Rupture of Dissecting aneurysm of the thoracic aorta	?
DUE TO		
	(c) Generalized arteriosclerosis	?

4517

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11-22-, 1952, to 12-18-, 1952, that I last saw the deceased alive on 12-18-, 1952, and that death occurred at 10.40 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-18-52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 22-52	London Park	Frederick Co. Md.

DATE REC'D BY LOCAL REG. 12/19/52 | REGISTRAR'S SIGNATURE [signature] Deputy

24. FUNERAL DIRECTOR [signature] Gertrude A. Perry ADDRESS 5646 Carrollton Ave

VS. A15 (8-51)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1255

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 10mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4203 Linkwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Newman- (Last) Jenkins

4. DATE OF DEATH: (Month) December (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 2-10-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher-Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Newman

14. MOTHER'S MAIDEN NAME: Carolyn Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia Terminal

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Institution | (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 16, 52 2p m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell while going to toilet

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Clerk Md — ADDRESS 1010 Leadenhall Balto 1 Md — DATE SIGNED Dec 3 52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated | DATE THEREOF Dec. 4, 1952 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetary | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/4/52 | REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS J. O. Mitchell & Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

14256

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delight
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delight
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. T. (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Johnson

14. MOTHER'S MAIDEN NAME: Rachel Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: M's Florence Johnson Delight, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mod Pneumonia (Lobar) — Interval between onset and death: 2 or 3 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — 490X

(b) Myocarditis Chronic Decompensatio — 10 or 12 years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 19 50, to 12-18, 19 52, that I last saw the deceased alive on 12-17-52, 19..., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A Saffell M.D. Reisterstown Md 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-20-52 — NAME OF CEMETERY OR CREMATORY: St. Lukes Cem — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 12/19/52 — REGISTRAR'S SIGNATURE: [illegible] M.D.

24. FUNERAL DIRECTOR: Wm Frances A. Hensley — ADDRESS: Wilda

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

425

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 905 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Jones
4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 26, 1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joshua Fuller
14. MOTHER'S MAIDEN NAME: Harriet Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Samuel Jones 905 Edmondson Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiac Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11 mos - 2 da

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7-, 19 52 to 12-29-, 19 52 that I last saw the deceased alive on 12-29-52, 19..... and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Malomey MD 57 Winterdale Balto. 28 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-3-53
NAME OF CEMETERY OR CREMATORY: Western Star Cem
LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG.: January 3, 1953
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Mr. Frances A. Kenney W. Biddle
ADDRESS 718

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 125

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry of items especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1909 Wilkens Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) LEO (Last) KATZENBERGER

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-10-95

9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Govt Bureau

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John L.

14. MOTHER'S MAIDEN NAME: Mary Jane McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WWI WW

16. SOCIAL SECURITY NO.: 212-05-4367

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LUNG WITH METASTASES

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.7, 1952, to Dec.2, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: F. G. Dickey (Degree or title)

ADDRESS: FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 12-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-5-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/4/52

REGISTRAR'S SIGNATURE: A. W. Gedrich M.D.

ADDRESS: Wiedefeld & Son Funeral Home, Greenmount Ave. & 22nd St., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1225

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS Form 1

1. PLACE OF DEATH: COUNTY Baltimore (Towson 4) MARYLAND — Eudowood Sanatorium
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; Towson — LENGTH OF STAY (in this place) 1 yr. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson, 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (30)
STREET ADDRESS (If rural, give location) 1445 Reynolds St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Icho

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 17th 1904

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cheeker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bethel, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Kens

14. MOTHER'S MAIDEN NAME: Jennie Bratch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-30-4021

17. INFORMANT AND ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GENERALIZED CARCINOMATOSIS PRIMARY site UNKNOWN. — Interval between onset and death: 6 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

1119 (002X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS — 1½ YRS.

19a. DATE OF OPERATION: July 23, 1952 — 19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA of PERITONEUM — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 20, 1951, to DEC. 22, 1952, that I last saw the deceased alive on DEC. 22, 1952, and that death occurred at 2 35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D., Eudowood Sanatorium, Towson, 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Dec 26, 1952 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: December 26 1952 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Charles F. Bull — ADDRESS: 1501 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14261

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 823 Milford Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 823 Milford Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) E. (Last) Kelly

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 27, 1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown Kelly

14. MOTHER'S MAIDEN NAME: Ella Mae Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-07-7937

17. INFORMANT AND ADDRESS: Mrs. Mildred Kelly - 823 Milford Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

(c) Cardio-renal-Vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION – 19b. MAJOR FINDINGS OF OPERATION –

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) – PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – (CITY OR TOWN) – (COUNTY) – (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) – m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Dec 16, 1952 that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S Kahn ADDRESS 2306 Eutaw Pl Baltimore Md DATE SIGNED 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/20/52 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 12/19/52 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS Wm. J. Pickney & Sons Balto 11 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville - rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville- rural Balto.
STREET ADDRESS (If rural, give location) Belair Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THERESA	LOUISE	KEMLER	Dec.	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	WIDOW	FEB. 6, 1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	at home	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANDREW C. WHITE	Katherine Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	~~1637 Chilton Street~~ Mr. George T. Kemler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Thrombosis	2 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis.	3 yrs.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Herpes Zoster	3 Mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 8, 1952, to 12/23, 1952, that I last saw the deceased alive on 12/23, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson	Fork Md,	12/23/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/52	Oak Lawn Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 26		HENRY SANDLER & SONS, INC	BALTO., 13, MD.

Henry P. Sandler

MARYLAND STATE DEPARTMENT OF HEALTH

14262

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harbor View
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 S 46th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harbor View
STREET ADDRESS (If rural, give location) 611 S. 46th St 18th ht.

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) (Last) KESTNER
4. DATE OF DEATH: (Month) 12. (Day) 2. (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JAN. 2 1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER. Factory Hand
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore City.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN.
14. MOTHER'S MAIDEN NAME: ANNA RUMMEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 212-16-6157
17. INFORMANT AND ADDRESS: MARY KESTNER. 611 S. 46th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis — Interval Between Onset and Death: 12-22-47

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 4.22 'd
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22-47, to 12-2-52, that I last saw the deceased alive on 12-2-52, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N. J. Davidow MD. 3218 Eastern ave Baltimore Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 6 1952
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
LOCATION (City, town, or county) (State): Eastern ave Road Md

DATE REC'D BY LOCAL REG.: 12/5/52
REGISTRAR'S SIGNATURE: A. N. Bratcher M.D.
24. FUNERAL DIRECTOR: Wendell J. Lippel
ADDRESS: 319 S Highland ave

2 m 9144 St. #7
16 3 "

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14263

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 97 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 316 E. 26th Street ✓

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) C. (Last) KNIGHT

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-21-97

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mainin Lee (Marmin Lee Knight)

14. MOTHER'S MAIDEN NAME: Sarah E. Bauer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16 SOCIAL SECURITY NO.: 213-10-8654

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201

Immediate cause (a) HODGKIN'S DISEASE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1952, to Dec. 22, 1952 [illegible] and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) FRANCIS G. DICKEY, M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 12/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 12-26-52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS George J. Ruth Funeral Home, 1735 Harford Ave., Baltimore 13, Md.

George J Ruth Inc - 4-16-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

14261

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Kanawha
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South Charleston
STREET ADDRESS (If rural, give location) Rt 14.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Moody	Dwight	Knotts Sr.	12-	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White		2-6-1900	52. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House painter	Painter	W. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry F Knotts	Emma Jump.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	233-22-2017	Henry F Knotts

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	5 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. J. Bowers M.D. Dep. Med. Examiner	Dundalk Md	12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-8-52	S. Charlestown	Kanawha Co W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 8 - 1952	Thurmond Williams M.D.	J. J. Bryan Inc	1402 Eastern Ave
	Edith Hurley		

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 mos. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Nellie (Middle) Elizabeth (Last) Kuhn
4. DATE OF DEATH: (Month) December (Day) 31, (Year) 19 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9-22-1873
9. AGE Last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral and generalized arteriosclerosis — years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 19 52, to 12-31, 19 52, that I last saw the deceased alive on 12-31, 19 52, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ethel B. Hermann. Grad MD Spring Grove State Hospital Catonsville 28, Maryland 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 1/7/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Baltimore Co Md

DATE REC'D BY LOCAL REG. 1-7-53
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR ADDRESS Frances A Hemsley 5-78 N Biddle St

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road near Hunt Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; STREET ADDRESS (If rural, give location) Valley Rd. near Hunt Spring

3. NAME OF DECEASED (Type or Print): (First) James (Middle) EDWARD (Last) LLOYD

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Mgr.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen A. Lloyd

14. MOTHER'S MAIDEN NAME: Mary Virginia Bane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary E. Lloyd, Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epidermoid Carcinoma of Lip — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 5 1952

19b. MAJOR FINDINGS OF OPERATION: Malig.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7/52 to 12/26/52, that I last saw the deceased alive on 12/26/52, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: L. J. Chaney (Degree or title) M.D. ADDRESS 118 Church St. Balto. 2 - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 29 1952; NAME OF CEMETERY OR CREMATORY: Loving Presbyterian Cem.; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 30-52; REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: John Burns' Sons; ADDRESS: Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 1267

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS-A 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place): 1 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location): 7 N. Aurora Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Priscilla (Last) Lockwood

4. DATE OF DEATH: (Month) (Day) (Year) December 22, 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-4-1897

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor's Assist.

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. McKee

14. MOTHER'S MAIDEN NAME: Elisabeth Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Generalized carcinomatosis	3 mos. ±
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of breast (left)	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21- 19..52, to 12-22-.., 19..52, that I last saw the deceased alive on 12-22-..., 19..52, and that death occurred at 5.00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Emily M. Beattie, M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/26/52 — NAME OF CEMETERY OR CREMATORY Rose Cemetery — LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. 12/22/52 — REGISTRAR'S SIGNATURE V. E. Barry

24. FUNERAL DIRECTOR Mac Nabb & Son — ADDRESS Catonsville 28 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville- | LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2614 Miles Avenue

3. NAME OF DECEASED (Type or Print): (First) Rudolf (Middle) L. (Last) Loeffler
4. DATE OF DEATH: (Month) December (Day) 22, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 11, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation due to edema of the

9777 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric Abscess of thyroid gland

(c) after stab wound

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. attempted suicide

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home | (CITY OR TOWN) Balto (COUNTY) md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | JURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Stab wound in thoracic self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

L. M. Kieffer M.D. Chief Med. Exam. of Balto Co. 1010 Lexington Bldg. 12/23/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 12/26/52 | NAME OF CEMETERY OR CREMATORY Maryland Park | LOCATION (City, town, or county) Taylor Ave. (State)

DATE REC'D BY LOCAL REG. 12/24/52 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR Paul E. Bennett Jr. 360-1 | ADDRESS Govans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The most especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CODD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 629 ROUND OAK ROAD

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) FRANCIS (Last) LOGAN
4. DATE OF DEATH (Month) DEC. (Day) 14, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: DEC. 7, 1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STATION AGENT-RET.
10b. KIND OF BUSINESS OR INDUSTRY: PENN. R.R.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LUKE LOGAN
14. MOTHER'S MAIDEN NAME: MARY KEELEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: JOHN E. LOGAN, BALTO., MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) INANITION — 3 MOS

1-14

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) CARCINOMA OF THYROID GLAND — 18 MOS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BENIGN PROSTATIC HYPERTROPHY — YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1951, to 12/13, 1952, that I last saw the deceased alive on 12/13, 1952, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald L. Somerville M.D. — ADDRESS: 25 W. Pa. Ave. Towson 4, Md — DATE SIGNED: 12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: DEC. 17, 1952 — NAME OF CEMETERY OR CREMATORY: ST. JOSEPH'S CEMETERY — LOCATION (City, town, or county) (State): TEXAS, Balto. Co., MD.

DATE REC'D BY LOCAL REG.: Dec. 17, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

Item 18 Film G149 1-5-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Steel Corporation

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Connecticut — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hartford
STREET ADDRESS (If rural, give location): 4146 Capitol Avenue

3. NAME OF DECEASED (Type or Print): (First) NATHANIEL (Middle) (Last) LUFKIN

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hoisting engineer

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 147-01-6848

17. INFORMANT AND ADDRESS: Dillom Funeral Home Hartford, Conn,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241.K

Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic bronchial asthma

.0

(c) Acute alcoholism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William Scott (Degree or title) | ADDRESS: Baltimore, Maryland | DATE SIGNED: December 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Dec.4, 1952 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Hartford, Conn,

DATE REC'D BY LOCAL REG.: 12/4/52 | REGISTRAR'S SIGNATURE: A. W. Hedrich M.D.

24. FUNERAL DIRECTOR: Ullrich Funeral Home | ADDRESS: 2008 Orleans St.

MARYLAND STATE DEPARTMENT OF HEALTH

14271

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garnet Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 225 S. East Ave

3. NAME OF DECEASED (Type or Print): (First) Hasson (Middle) William (Last) Lynch

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (STATE): Married

8. DATE OF BIRTH: Aug 22-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Wm. B. Lynch Plumbing Co.

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. B. Lynch

14. MOTHER'S MAIDEN NAME: Amanda S. Schirling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Lynch - 225 S. East

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular; coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert E. Hudson M.D., P.M.E. Towson, Md. 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/11/52
NAME OF CEMETERY OR CREMATORY Spesutia Cem
LOCATION (City, town, or county) (State) Dalio Md

DATE REC'D BY LOCAL REG. 12/9/52
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1127

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 15 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 402 W. Saratoga St.

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) E. (Last) McDaniel

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 8, 1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Milton McDaniel

14. MOTHER'S MAIDEN NAME: Frances V. Elkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Miss Laura K. McDaniel-402 W. Saratoga St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic C-V Di's. — INTERVAL BETWEEN ONSET AND DEATH

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 19 52, to 12/14, 19....., that I last saw the deceased alive on 12/14, 19....., and that death occurred at 958 P.m., from the causes and on the date stated above.

SIGNATURE Joseph D Lichtenberg (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 12/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12/18/52 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 12/16/52 — REGISTRAR'S SIGNATURE C. M. Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17, Md.

977.4.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

14273

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County BALTIMORE
City or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 months
Hospital, institution, or street address, where death occurred: Katherine Robb Nursing Home
How long in hospital or institution? 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County ~~Baltimore~~
City or town Baltimore - 7 (If outside city or town limits, write RURAL and give nearest town)
Street No. 3104 Milford Avenue (If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME CATHERINE McGEE

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Robert T. McGee
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4, 1867

8. AGE: Years 85 | Months 5 | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mr. Robert McGee (son)
Address 3101 Milford Ave. Balt. 7, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 16, 1952 (month) (day) (year)
Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18. Funeral director E. Miller Lamborn
Address 4510 Liberty Heights Ave.

19. 12/16/52 (Date rec'd by registrar) A. W. Hedrick M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1952 at 9:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 13 1952 to Dec 12 1952 and that I last saw her alive on Dec 10 1952

Immediate cause of death	DURATION
Coronary Occlusion	1 hour
Due to Arteriosclerotic cardio-vascular disease	10 yrs
Other conditions Diverticulitis of 450.1 Colon (Include pregnancy within 3 months of death)	6 mos

Major findings of operations ..... Date of op .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Millard T. Trabard M.D.
M.D. or other
Address 3400 Woodbine Ave, Balt. Md. Date signed 12/17/52

MARGIN RESERVED FOR FINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1027

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OPITZ HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE - 3327 GWYNN FALLS PKWY.
STREET ADDRESS (If rural give location) CATONSVILLE, MARYLAND

3. NAME OF DECEASED (Type or Print): (First) INA (Middle) C. (Last) McMULLEN
4. DATE OF DEATH: (Month) DEC (Day) 8 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JAN. 20, 1868
9. AGE last birthday 84 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. - LIBRARIAN
10b. KIND OF BUSINESS OR INDUSTRY WESTERN HIGH SCHOOL
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN MC MULLEN
14. MOTHER'S MAIDEN NAME MARY CRAIG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT W. BRUCE WILLS, 3308 WALBROOK AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — MINUTES

Antecedent cause(s) 331 X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CEREBRAL ARTERIOSCLEROSIS — YEARS
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS — YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1952, to DEC 8, 1952, that I last saw the deceased alive on DEC 7, 1952, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James J. Nolan 6014 EDMONDSON AVE Catonsville 28, Md 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 12/13/52
NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REG. 12/9/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Wm. Cook Inc., 1217 ST. PAUL STREET

Dmk

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) Hyrs 9 mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1551 Homestead St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ernest	F.	Meile	Dec.	31	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	W	June 19, 1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	[illegible]. SELF	Germany	[illegible]. U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ernest Meile	Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No [illegible]. —	[illegible] NONE	Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
3-31 + Immediate cause	(a) Cerebral accident	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized a cerebral	
	DUE TO (c) arteriosclerosis	Yrs.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death:	Arteriosclerotic heart disease	Yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3-9..., 19 50, to 12-31..., 19 52, that I last saw the deceased alive on 12-31..., 19 52, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Ethel B. Heymann-Greer MD		Spring Grove Hosp. Catonsville 28 Md	12-31-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN 3 1953	OAK LAWN CEMETERY	EASTERN AVE RD MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-2-53	A W Hoelich	Duffel Bros	1800 E LOMBARD ST.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay — LENGTH OF STAY (In this place) Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1329 Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) F (Last) Merrick

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-30-1899

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Dept Representative

10b. KIND OF BUSINESS OR INDUSTRY: Retailing

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Richard F Merrick

14. MOTHER'S MAIDEN NAME: Elizabeth Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Richard F Merrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

4.20.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

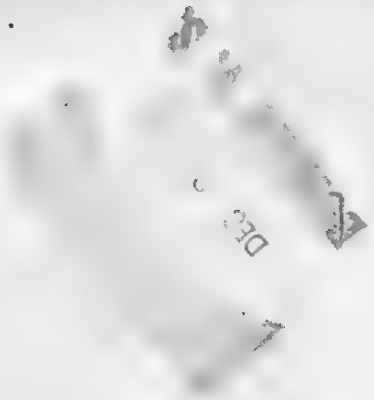
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Certified MD — (Degree or title) Diplomate — ADDRESS: 1212 Cedarcroft Rd Balto 12 Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12-3-52 — NAME OF CEMETERY OR CREMATORY: Calvary Cem — LOCATION (City, town, or county): Brooklyn — (State): N Y

DATE REC'D BY LOCAL REG.: Dec 3 52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: George A Farley — ADDRESS: Catonsville



MARYLAND STATE DEPARTMENT OF HEALTH 1277

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) Passing thru; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3405 Park Heights Ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Walter Owen (Last) Merryman

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov.25,1926

9. AGE last birthday: 26 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter self employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Merryman

14. MOTHER'S MAIDEN NAME: Rohoda Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-30-7488

17. INFORMANT AND ADDRESS: Catherine M.Merryman 3405 Park Heigh Baltimore 15,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured neck

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fractured Skull, Fractured mandible, Cracked left chest. Due to auto accident

(c) 5 Inch Laceration under jaw.

INTERVAL BETWEEN ONSET AND DEATH: 5 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Reisterstown (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) Dec (Day) 21 (Year) 52 (Hour) 12:30 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Car ran off of road & turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caplis (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Dec.24/52 NAME OF CEMETERY OR CREMATORY: New Oakland Cemetery LOCATION (City, town, or county) (State): Oakland, Carroll Co.

DATE REC'D BY LOCAL REG. 12-22-52 REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1327

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 28yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Aldyth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 27 Aldyth Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Carey (Last) Mettam

4. DATE OF DEATH: (Month) DECEMBER (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 16, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Judson C. Mettam

14. MOTHER'S MAIDEN NAME: Maria J. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elizabeth Kelley, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHIAL PNEUMONIA	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	5 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Dec. 31, 1952; that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 3, 1953 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 1-2-53 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

14279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5106 Benson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 5106 Benson Ave

3. NAME OF DECEASED (Type or Print) (First) Bernardine (Middle) C. (Last) Miller
4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 3-28-1881
9. AGE last birthday 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernard Kroeger
14. MOTHER'S MAIDEN NAME Bernardine Marx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Cordelia M. Boyle 5106 Benson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive C & C V.D.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marked Left Ventricular Hypertrophy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1951, to 12/4, 1951, that I last saw the deceased alive on 12/4, 1951, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm C Healy M.D. ADDRESS 1605 Edmondson Ave Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-6-1951
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 12/5/51
REGISTRAR'S SIGNATURE C.W. Hedrick M.D.
24. FUNERAL DIRECTOR B.M. Walters
ADDRESS Pratt & Fulton St.

1281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore · 19 · MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7335 Walman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE AS. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IN; STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) E. (Last) MILLER.

4. DATE OF DEATH: (Month) DEC. (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/22/1867

9. AGE last birthday: 85 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Michael Mc Donigle.

14. MOTHER'S MAIDEN NAME: Mary Stewart.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT: John Stewart (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial Failure -	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis + Senility.	12 yrs.
	(c) Herpes Zoster.	2 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cholecystostomy with drainage.	2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to Dec 25, 1952, that I last saw the deceased alive on Dec. 21, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollin. M.D. 6908 North Point Rd Balto. 19-Md 3/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/29/52

NAME OF CEMETERY OR CREMATORY: Mt Zion

LOCATION (City, town, or county) (State): Fuelands Md.

DATE REC'D BY LOCAL REG.: December 27. 1952

REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: Paul C. Lemmon Jr. 3665-12 ADDRESS: Eastwood Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville -rural Balto.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3014 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville - rural Balto.
STREET ADDRESS (If rural, give location) 3014 Taylor Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELMER	E.	MOCKARD, SR.	Dec. 14, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widower	Feb. 22, 1862	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Railroad	Penna.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Mockard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mr Francis Mockard, 2612 Canterbury Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V.D.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1951, to Dec. 14, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Herm Hagan M.D. 4718 Harford Rd. DEC 15 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	12.17.52	Parkwood Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/16/52	C. W. Hedrick M.D.	HENRY SANDER & SONS, INC. BALTO., 13, MD.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item #14, Film G149
[illegible], mnb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1547 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 1547 [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) December (Day) 1 (Year) 1952

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible] 5, 1877

9. AGE last birthday 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME Sarah Louise Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 215-01-7974

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart Disease	11 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis,	unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1952 to 12/1, 1952, that I last saw the deceased alive on 11/24, 1952, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE Bennett A. Stoen MD (Degree or title) ADDRESS Lutherville DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Dec. 3, 1952 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Dec. 3, 1952 | REGISTRAR'S SIGNATURE Mabel E. Gray | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14284

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4, — LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Ft Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights, Maryland
STREET ADDRESS (If rural, give location) 214 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Virginia (Last) Morris

4. DATE OF DEATH: (Month) Dec (Day) 31st (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Anne Arundel Co, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Randolph Cromwell

14. MOTHER'S MAIDEN NAME: Henrietta Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

(COPX)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: FAR ADVANCED BILATERAL PULMONARY TUBERCULOSIS — 2 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 23, 1952, and that death occurred at 3 35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress, M.D. — ADDRESS Eudowood Sanatorium Towson 4 Md — DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 3rd 1953 — NAME OF CEMETERY OR CREMATORY Friendship Memorial Cemetery — LOCATION (City, town, or county) A.A. Co. — (State) Md.

DATE REC'D BY LOCAL REG. 1-2-53 — REGISTRAR'S SIGNATURE C. W. Heduck — 24. FUNERAL DIRECTOR Phillips Lawnmar — ADDRESS 4510 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK '22
LENGTH OF STAY (In this place) 37 Y2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 NORTHSHIRE RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BAL. CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK '22
STREET ADDRESS (If rural, give location) 02 NORTHSHIRE ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARA	LOUISE	NEFFLEN	12	23	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEM.	WHITE	WID.	13 MAY 1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		W. VA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. HACKETT	NANCY KALBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	SADIE L. RODDER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4221 Immediate cause (a)	Arterio Sclerotic Cardio Vascular Disease	10 yrs.
Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Coronary Occlusion	—
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 1952, to Dec. 23, 1952, that I last saw the deceased alive on Apr. 1952, and that death occurred at 6:01 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Hess M.D.	Dundalk Md.	12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-26-52	PHILOS CEM.	BALTIMORE CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 23-1952	William M. Kelly	With Parlor Funeral Service	Dundalk, Md.

RECEIVED
DEC 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14285

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 20-30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2626 Plainfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same as #1 COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Noplock (Last) (Naluch)

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 1, 1881

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peterson

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Frances Gulander, 2626 Plainfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yrs.?
	(c) Chronic bronchiectasis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Dec 18, 1952, that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert E. Farber M.D. | Sparrows Point, Md | 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-22-52 | NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cem. | LOCATION (City, town, or county): Dundalk (State): Md

DATE REC'D BY LOCAL REG.: DEC. 19-52 | REGISTRAR'S SIGNATURE: Dawson L. Farber

24. FUNERAL DIRECTOR: John J. Duda | ADDRESS: 2829 Hudson Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 127 Riverside Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) Essex Md

3. NAME OF DECEASED (Type or Print): (First) James (Middle) C. (Last) Parsons

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH 5-9-74

9. AGE last birthday 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman

10b. KIND OF BUSINESS OR INDUSTRY B+O R.R.

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Orrock Parsons

14. MOTHER'S MAIDEN NAME Hanna Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Bernadette Talbot Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Benign Prostatic Hypertrophy — 10 years

(c) Generalized arteriosclerosis — 10 years?

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1952, to 12-31, 1952, that I last saw the deceased alive on 12-31, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE Henry B. Smith, MD (Degree or title) ADDRESS 405 Eastern Ave, Essex DATE SIGNED 1-2-53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial

DATE THEREOF 1-3-53

NAME OF CEMETERY OR CREMATORY Colgate

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1-2-53

REGISTRAR'S SIGNATURE G W Hedrick

24. FUNERAL DIRECTOR Selby & Levin Inc. ADDRESS 403 W Pratt St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 911 Windsor Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 911 Windsor Rd

3. NAME OF DECEASED (Type or Print): (First) JOAN (Middle) Elizabeth (Last) PFEIFFER

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 7-26-32

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES Lady

10b. KIND OF BUSINESS OR INDUSTRY: Read Drug Co.

11. BIRTHPLACE (State or foreign country): Springfield Mass

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: HERMAN PAUL PFEIFFER

14. MOTHER'S MAIDEN NAME: GRACE AGNES LE CLAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HERMAN PAUL PFEIFFER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia. Anoxemia.	5 mts?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epileptic Convulsion.	—
	(c) Epilepsy	7 years.

13. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Allergy. Eczema.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1946, to 12/10, 1952, that I last saw the deceased alive on 12/[illegible], 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Dalman ADDRESS 1413 Reisterstown Rd. Pikesville 8, Md. DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 12-13-52 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REG. 12/12/52 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Frank H. Purdell-Pikesville ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings, Mills
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) A. (Last) Poole
4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 8, 1880
9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Awning-Canvas
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Poole
14. MOTHER'S MAIDEN NAME: Sophia - (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): Spanish Am.
16. SOCIAL SECURITY NO.: 219-16-8999
17. INFORMANT AND ADDRESS: Mr. Wm. F Poole - 5607 Winner Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Secondary — Interval Between Onset and Death: 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — years

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia & myocarditis

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from —, 19 52, to 12-23-52, 19 52, that I last saw the deceased alive on 12-22-52, 19 52, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Reisterstown Md. 12-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 12/26/52
NAME OF CEMETERY OR CREMATORY: Balto. National Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: December 26 1952
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Rahney & Sons
ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Balto
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Monkton (Rural)
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md.
COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monkton (Rural)
STREET ADDRESS (If rural give location) Piney Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Alphonso (Last) Price

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 29 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 17, 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Price

14. MOTHER'S MAIDEN NAME: Arabella Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Bettie M. Price, Monkton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200 Immediate cause (a) Arteriosclerotic heart disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec, 1952, that I last saw the deceased alive on Dec. 27, 1952, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Shirilla M.D.
ADDRESS Cockeysville, Md.
DATE SIGNED 12/29/52

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF 1 Jan 1953
NAME OF CEMETERY OR CREMATORY Chestnut Grove
LOCATION (City, town, or county) (State) Phoenix Md.

DATE REC'D BY LOCAL REGISTRAR 30 Dec 1952
REGISTRAR'S SIGNATURE Anna Armistead MacRae
24. FUNERAL DIRECTOR J. Scott Brooks
ADDRESS Sparks Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY 2 Jones Rd. Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Jones Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) Randall (Last)

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: March 10

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Catonsville

12. CITIZEN OF WHAT COUNTRY? Md

13. FATHER'S NAME: William Randall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edna Harris 2 Jones Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 2 mo. 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — ?

(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arthritis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-, 1952 to 12-8-, 1952 that I last saw the deceased alive on 12-5-, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: Cyr Maloney (Degree or title) MD ADDRESS 57 Wintese Lane Balto 28 DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-11-52 — NAME OF CEMETERY OR CREMATORY Western Star — LOCATION (City, town, or county) (State) Balto Co Md.

DATE REC'D BY LOCAL REG. 12/9/52 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Mrs Francis A Hemsley — ADDRESS 578 W Biddle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Charing Cross Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 700 Charing Cross Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) REA

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24/52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14/96

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Installation Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Western Elec. Co.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Rea

14. MOTHER'S MAIDEN NAME: Sarah----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Minnie Rea, 700 Charing Cross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 1/2 hr.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & cardio-vas- — 1 yr.

(c) disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 19 51., to Dec 24, 19 52, that I last saw the deceased alive on Dec 24, 19 52, and that death occurred at 5 a P m., from the causes and on the date stated above.

SIGNATURE A. P. Von Schulz M.D. (Degree or title) — ADDRESS 4818 Edmondson Ave — DATE SIGNED 12/26/52

23. BURIAL / CREMATION / REMOVAL (Specify) Removal — DATE THEREOF 12/27/52 — NAME OF CEMETERY OR CREMATORY Tolleston Cem. Co. — LOCATION (City, town, or county) Scranton (State) Pa.

DATE REC'D BY LOCAL REG. December 27, 1952 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Harry A. Mitchell — ADDRESS 410 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14292

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Dixie Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 23 Dixie Drive
STREET ADDRESS (If rural, give location) Towson Md

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (N.M.I.) (Last) READ

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-30-1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufactured Baker's Machinery

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Teddington England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Michael Read

14. MOTHER'S MAIDEN NAME: Ann A Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 178-16-1114

17. INFORMANT AND ADDRESS: Mrs. Anna Clara C. Read 23 Dixie Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Dehydration	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	6 months
	(c) Nephrosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald L. Somerville, M.D. 25 W. Penna Ave, Towson 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 1-2-1953 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 12/31/52 — REGISTRAR'S SIGNATURE: [signature] Asst.

24. FUNERAL DIRECTOR: Glenn F. Seif — ADDRESS: 5209 York Rd.

Dept. and Ground
R. C. Hudson
Lot BALTO. AVE.
D. M. E.
TOWSON, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7907 York Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 104 S. Culver St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marie	E.	Regan	12	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Oct. 27, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	School Cafeteria	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Deerwart	Rose Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Henry Holden 104 S. Culver St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Arteriosclerotic disease	12 years
420.1	(c) Hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1952, to Dec. 3, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edith W. Jackson MD	3432 Juneau Ave.	12/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-6-52	Cathedral Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8, 1952	Mabel C. Gray	George D. Tarley	Catonsville, Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton - rural Balto.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8339 Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton - rural Balto.
STREET ADDRESS (If rural, give location): 8339 Belair Road

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) (Last) ROCKEL

4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Feb. 10. 1867

9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: AT-HOME

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Frederick Rockel

14. MOTHER'S MAIDEN NAME: Marie Berthold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Virginia Healy - 1603 N. Patter- SON Pk. Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Disease	10 years
	(c) Arteriosclerosis	10 years

44 - v

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Sept., 1952, to 23 Dec., 1952, that I last saw the deceased alive on 21 Dec., 1952, and that death occurred at 3:3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Michael J. Dorsch M.D. 4636 Belair Road 12/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 26. 1952
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD

Henry J. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (In this place): 1yr. 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Joan (Middle) Louise (Last) Rohrer

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-20-37

9. AGE last birthday: 14 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Boonsboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carroll M. Rohrer

14. MOTHER'S MAIDEN NAME: Agnes Louise Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Broncho-pneumonia- bilateral	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ~~DUE TO~~	Cardiac failure	
	(c) ~~DUE TO~~	Spastic paraplegia - Epilepsy	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-51, to 12-13-52, that I last saw the deceased alive on 12-13-52, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (DEGREE OR TITLE) ADDRESS: M.D. Rosewood State Training School, Owings Mills — DATE SIGNED: 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: Dec 16 1952 — NAME OF CEMETERY OR CREMATORY: Boonsboro — LOCATION (City, town, or county) (State): Boonsboro, Md.

DATE REC'D BY LOCAL REG.: 12-13-52 — REGISTRAR'S SIGNATURE: Mary Elene

24. FUNERAL DIRECTOR — ADDRESS: William J Boat & Son Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4296

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1122 E. 36th Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) P. (Last) RYAN

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4-16-89

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Clerical Work

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Texas, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lanty

14. MOTHER'S MAIDEN NAME: Mary O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-28-5063

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) CONGESTIVE FAILURE, ACUTE — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HYPERTENSIVE HEART DISEASE — Unknown
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.27, 1952, to Dec.29, 1952, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): F. Dickey
ADDRESS: FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 31 1952
NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
LOCATION (City, town, or county): Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR: 12-29-52
REGISTRAR'S SIGNATURE: R. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co. Inc.
ADDRESS: 4905 York Road, Baltimore, Maryland

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1429

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give name of town) OR TOWN ARBUSTUS — LENGTH OF STAY (In this place) 9YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY BALTO COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUSTUS
STREET ADDRESS (If rural give location) 1413 SULPHUR SPRING Rd

3. NAME OF DECEASED (Type or Print): (First) WM. (Middle) F. (Last) SCHRAGE

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: WHT — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED — 8. DATE OF BIRTH: 7-8-1873 — 9. AGE: Last birthday 79 yrs. — If under 1 year: Months 6 Days 19 — If under 24 hrs.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALOON KEEPER — 10a. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): GERMANY — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NOT KNOWN — 14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: MRS. M. SCHRAGE 1413 SULPHUR SPRING Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic heart disease — 6 mos.

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic interstitial nephritis — ?

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/, 1952, to 12/27/, 1952, that I last saw the deceased alive on 12/26/, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry Deitel M.D. 1226 Hanover St. 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12-30-52 — NAME OF CEMETERY OR CREMATORY LOUDON PK CEMETERY — LOCATION (City, town, or county) BALT (State) MD

DATE REC'D BY LOCAL REG. 12/29/52 — REGISTRAR'S SIGNATURE A. W. Gedeuch — 24. FUNERAL DIRECTOR GEO LEIMBACH-SON NI — ADDRESS Lynhurst ST

5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1298

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore #6
MARYLAND — LENGTH OF STAY (In this place): none.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 902 Summit ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex Balto #21
STREET ADDRESS (If rural, give location): 601 Myrtle ave

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Henry (Last) Schultz.

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-23-27

9. AGE Last birthday: 25 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Oil Business

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Karl Schultz

14. MOTHER'S MAIDEN NAME: Vera Gerczak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Vera Gerczak (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide Gas poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION / **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. / **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY**: (CITY OR TOWN) Balto #6 (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-27-52 8 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Inhalation of gas from auto exhaust

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): J. McLarnon M.D. — **ADDRESS**: Deputy Medical Examiner Balto Co. Dundalk 22 md — **DATE SIGNED**: 12/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF**: 12-30-52 — **NAME OF CEMETERY OR CREMATORY**: Sacred Heart Cem. — **LOCATION (City, town, or county) (State)**: Balto Md

DATE REC'D BY LOCAL REG.: 12/27/52 — **REGISTRAR'S SIGNATURE**:

24. FUNERAL DIRECTOR — **ADDRESS**: John F. Connelly 418 Eastern Ave Balto 21, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14299

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6405 Reel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6405 Reel Ave

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) L. (Last) Seibert

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 11 1877

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (NAME AND ADDRESS): Howard Seibert 6405 Reel Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1571

Immediate cause (a) Carcinomatosis Liver - Secondary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of tail of pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Portal obstruction & Ly jaundice

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1952 to Dec 26, 1952 that I last saw the deceased alive on Dec 25, 1952 and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE: Joseph A. Matchan (Degree or title) M.D. ADDRESS 3423 Liberty Hgts DATE SIGNED Dec 26/952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 29 1952 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county): Woodlawn, Balto Co. (State): Md.

DATE REC'D BY LOCAL REG. December 27. 1952 — REGISTRAR'S SIGNATURE: R W

FUNERAL DIRECTOR: Willis Funeral — ADDRESS: 4510 Liberty Hgts Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14300

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Glyndon; LENGTH OF STAY (In this place) 50 yrs; MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Chatsworth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN Glyndon; STREET ADDRESS (If rural, give location) 14 Chatsworth Ave.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) V (Last) Sentz

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 29, 1863

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Warren

14. MOTHER'S MAIDEN NAME: Nancy Tase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Albert Fowble, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Arteriosclerosis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arthritis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At Work ☒ none

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1938, to 12-10, 1952, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 12, 1952; NAME OF CEMETERY OR CREMATORY: Druid Ridge; LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 12-11-52

REGISTRAR'S SIGNATURE: Mary Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons, ADDRESS: Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 5years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Broadway Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Shaneybrook Sr.

4. DATE OF DEATH: (Month) 12- (Day) 6 - (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape gardner

10b. KIND OF BUSINESS OR INDUSTRY: for self

11. BIRTHPLACE (State or foreign country): Cockeysville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Shaneybrook

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary A. Shaneybrook, Lutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) involving bones of both upper (c) and lower extremities — Interval between onset and death: 18 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1951

19b. MAJOR FINDINGS OF OPERATION: Fracture of femur (myeloma)

AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec 6, 1952, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 9 25 P m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title) md ADDRESS Pikesville 8 md DATE SIGNED 9-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12--9--1952
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 9-8-52
REGISTRAR'S SIGNATURE: E E Nichols
24. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1302

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 120 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1026 Haverhill Road

3. NAME OF DECEASED: (Type or Print) (First) IEO (Middle) S. (Last) SIGWART

4. DATE OF DEATH: (Month) (Day) (Year) December 23 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-15-08

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Post office carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S.P.Office

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph

14. MOTHER'S MAIDEN NAME: Mary Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CHOLANGIOLITIC HEPATITIS	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.25 ,19 52 , to Dec.23 , 1952 , that death occurred at 2:15 PM ., from the causes and on the date stated above.

SIGNATURE (Degree or title) FRANCIS G. DICKEY, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 12/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/26/52 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR December 24 1952 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd. ADDRESS Baltimore, Md.
Michael J. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 742 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 742 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) P. (Last) Simpson

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 52

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 4, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Schafer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James Frank Schafer, 116 Forrest Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Catonsville, Md.

Immediate cause (a) Myocarditis, Chronic — Interval between onset and death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan - 27, 19 41, to Dec - 10, 19 52, that I last saw the deceased alive on Dec - 10, 19 52, and that death occurred at 11 A - m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Lloyd Johnson MD — ADDRESS Catonsville, Md — DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13/52 — NAME OF CEMETERY OR CREMATORY: Loudon Pk. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 12-12-52 — REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Harry A. Luckett — ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14304

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annesley; LENGTH OF STAY (in this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 MURDOCK RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA COUNTY WAKE; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RALEIGH ROUTE #2 BOX 314; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) HERBERT (Last) SLOAN

4. DATE OF DEATH: (Month) DEC (Day) 13 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 18, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Supt Hosiery Mill

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): NEAR SANFORD, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SLOAN

14. MOTHER'S MAIDEN NAME: MARY JANE WATSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 240-01-7664

17. INFORMANT & ADDRESS: J.G. BURNS 511 MURDOCK RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

-Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 36 Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Renal — 10 yrs

DUE TO (c) Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Dec 13, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F O'Donnell MD ADDRESS 7501 York Rd Towson Md DATE SIGNED 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF Dec 14 1952 NAME OF CEMETERY OR CREMATORY Shallowell LOCATION (City, town, or county) Sanford N.C. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 14, 1952 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR W.H. Jenkins Sons ADDRESS 4905 York Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1305

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1015 N. Arlington Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (NMI) (Last) SMITH

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-1-77

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cooper

10b. KIND OF BUSINESS OR INDUSTRY: Barrell Makers

11. BIRTHPLACE (State or foreign country): Exmore, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Smith

14. MOTHER'S MAIDEN NAME: Sarha Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 218-10-6678

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 = 1.

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: 1 hour

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA, SEVERE, ETIOLOGY UNDETERMINED; PNEUMONITIS, RIGHT LOWER LUNG FIELD; ARTERIOSCLEROSIS, GEN. Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to Dec. 19, 1952, [redacted] and that death occurred at 10:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-23-52 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 12/22/52 REGISTRAR'S SIGNATURE A.W. Hedrick Dmk.

24. FUNERAL DIRECTOR ADDRESS
Samuel W. Sullivan, Jr. Funeral Home
1011 N. Arlington Ave., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7yrs.1mo.13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1318 Steever Street

3. NAME OF DECEASED: (Type or Print) (First) Johanna (Middle) (Last) Spacek

4. DATE OF DEATH (Month) (Day) (Year) December 18, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-24-1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Cardio - Respiratory failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension & Arterio - Sclerosis

DUE TO

(c) Myocardial degeneration & Uremia

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus (over)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8-49, to 12-18-52, that I last saw the deceased alive on 12-18-52, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE William J. Bryan M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 12-22-52

NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

LOCATION (City, town, or county) (State) BALTIMORE 6 MD.

DATE REC'D BY LOCAL REG. 12/19/52

REGISTRAR'S SIGNATURE A.W. Redind M.D.

24. FUNERAL DIRECTOR ADDRESS FR. CVACH & SON 900 N. CHESTER ST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 15 6-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5201 Benson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5201 Benson Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) STANGOLA

4. DATE OF DEATH: (Month) December (Day) 2, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: August 15, 1901

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Stangola

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-0930

17. INFORMANT & ADDRESS: Mr. Edward J. Moore, 313 Westshire Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage, Left	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive arteriosclerotic C. V. Disease	10 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1952, to Dec 2, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John F. Carahan, M.D. ADDRESS 4201 Wilkens Ave — DATE SIGNED 12/3/52

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF 12/5/52 — NAME OF CEMETERY OR CREMATORY London Park Cemetery — LOCATION (City, town, or county) [illegible], (State) [illegible]

DATE REC'D BY LOCAL REG. 12/3/52 — REGISTRAR'S SIGNATURE A. W. Hedrich M.H.

24. FUNERAL DIRECTOR Wm. Cook, Inc., [illegible] — ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14308

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 4½
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9102 CORNWALL Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 9102 CORNWALL Rd

3. NAME OF DECEASED (Type or Print): (First) WENDELL (Middle) — (Last) STEPHENS

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 25 AUG. 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY

10b. KIND OF BUSINESS OR INDUSTRY: LEGAL

11. BIRTHPLACE (State or foreign country): MACON, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ISAAC C. STEPHENS

14. MOTHER'S MAIDEN NAME: ANNA J. CRAVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 291-09-7483

17. INFORMANT AND ADDRESS: MRS. LILLIE V. STEPHENS - WIFE - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	10 Years
	(c) Hypertensive C-V Disease	10 Years

1/2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to Dec, 1952, that I last saw the deceased alive on 16 Dec, 1952, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. K. Morrison M.D. 3 Kenilworth Rd Dundalk 22 17 Dec '52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 12-19-52

NAME OF CEMETERY OR CREMATORY: OAK WOOD

LOCATION (City, town, or county) (State): MACON, MISSOURI

DATE REC'D BY LOCAL REG. Dec 17-1952

REGISTRAR'S SIGNATURE: William M Kelly

24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1308

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. 15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 12mo 22dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY T
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (
STREET ADDRESS (If rural, give location) (Pinecrest SANITARIUM) ✓

3. NAME OF DECEASED: (Type or Print) (First) LINDSAY (Middle) STURGEON (Last)

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	6-19-1863	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UnKnown
14. MOTHER'S MAIDEN NAME: UnKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UnKnown
17. INFORMANT & ADDRESS Records SPRING GROVE State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Respiratory failure	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease + Generalized Arteriosclerosis.	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diverticulum of Stomach -

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
NONE		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 7 Dec, 1952 and that death occurred at 6.25 P.m., from the causes and on the date stated above.

SIGNATURE Walter Wickenson M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp. DATE SIGNED 12-12-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-16-52	Spring Grove Hospital	Catonsville 28, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/52	W E Harry	Spring Grove Hospital	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13310

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Maryland; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 4403 White Ave.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) M. (Last) SUNSTROM

4. DATE OF DEATH: (Month) Dec. (Day) 30th, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 2nd, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Dorchester, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - - - - - Marine

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Emerson L. Sunstrom

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Pulmonary edema	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	1 years
	(c) Generalized arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of surgical neck of humerus — 4 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to Dec 30, 1952, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harvey L. Fuller MD. Ridge Rd Baltimore 6 Md

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Jan. 2, 1953

NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 1/5/53

REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Lasagna Funeral Home

ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1311

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location): 915 Pierce Street

3. NAME OF DECEASED: (First) ERNEST (Middle) (Last) THOMAS
4. DATE OF DEATH: (Month) December (Day) 7 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-3-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Work
11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Horace
14. MOTHER'S MAIDEN NAME: Mary (MN: Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF THE LUNG
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 19 52, to Dec. 7, 19 52, and that death occurred at 3:55 AM., from the causes and on the date stated above.
SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/11/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 12/9/52
REGISTRAR'S SIGNATURE: A.W. Sedwick
24. FUNERAL DIRECTOR ADDRESS: Mrs. Katie R. Williams Funeral Home
322 N. Schroeder Street, Baltimore, Md.
Mrs Katie R. Williams 322 N Schroeder St

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 405 W. Chesapeake Avenue

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) BOSLEY (Last) THOMAS

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 19, 1860

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bosley

14. MOTHER'S MAIDEN NAME: Mary Pearce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Somerset Waters, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 1½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — 1½ years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Dec 31, 1952, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE: Wm. Chalfant M.D. (Degree or title) — ADDRESS: 6910 York Road — DATE SIGNED: Dec. 31, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): White Hall, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 1/2/53 — REGISTRAR'S SIGNATURE: Wm. J. Schnitzer

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14313

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; MARYLAND; LENGTH OF STAY (in this place): /; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 Eastern Ave Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural give location) 1401 Eastern Ave. Rd.

3. NAME OF DECEASED: (Type or Print) (First) Raymond. (Middle) (Last) Thomas.

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 18 - 1897

9. AGE Last birthday. 55 yrs. IF UNDER 1 YEAR Months / Days / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Justin Thomas

14. MOTHER'S MAIDEN NAME: Genevree Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eugene Thomas 514 Orchard ave Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Pulmonary edema	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cardiac Decompensation	3 + yrs.
	(c) DUE TO Rheumatic heart disease.	3+ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Failure — 3 + yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1950, to 12/29, 1952, that I last saw the deceased alive on 12/29.., 1952, and that death occurred at 4.30 A.M. 12/30/52, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Day Glatt, M.D. ADDRESS 434 Eastern Ave. Essex Md. DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF; NAME OF CEMETERY OR CREMATORY New Cathedral; LOCATION (City, town, or county) (State) Phila. Pa.

DATE RECD BY LOCAL REGISTRAR 12/30/52; REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR Christie L. Brzezinski; ADDRESS 1407 Eastern Ave. Balto 24 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1931

CERTIFICATE OF DEATH

Reg. Dist. No. X X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 503 Roberts Street ✓

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) C. (Last) TONGUE

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3/11/92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Food Co.

11. BIRTHPLACE (State or foreign country): West River, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C.

14. MOTHER'S MAIDEN NAME: Serena Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CARCINOMA OF RIGHT LUNG	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) LEFT INGUINAL HERNIA	Unknown
	DUE TO (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	Unknown
	CEREBRAL ARTERIOSCLEROSIS WITH PSYCHOSIS	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

163+

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Nov. 4, 1952, to Dec. 30, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) FRANCIS G. DICKEY, M.D. — ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 5 1953 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECD BY LOCAL REGISTRAR: 1/5/53 — REGISTRAR'S SIGNATURE Dr W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS Earl Gilmore Funeral Home, 1631 Druid Hill Baltimore, Md.

Dr K.

VS. 445

14315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore 14 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7315 Waldman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ditto
STREET ADDRESS (If rural give location) #1

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) RUTH. (Last) TRACEY.

4. DATE OF DEATH (Month) Dec (Day) 2 (Year) 1952

5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH July 30. 1899 | 9. AGE last birthday 53 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George H. Biddison
14. MOTHER'S MAIDEN NAME Margaret Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Joseph A. Tracey (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno Carcinoma both breasts with generalized metastases. — Interval Between Onset and Death: Jan. 1952

Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

170

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 1952
19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Dec, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Solein. M.D. 6906 N. Pt Rd Balto (19) Dec 2. 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/5/52
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REG. 12/3/52
REGISTRAR'S SIGNATURE A. W. Hedrick M.D.
24. FUNERAL DIRECTOR ADDRESS Wilbur L. Hines 2004 Orleans

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A[illegible]

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt; MARYLAND; LENGTH OF STAY (In this place) 23 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 103 Dolles Point Rd Sparrows Point; STREET ADDRESS (If rural, give location) Baltimore 22 Md

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) Louise (Last) Trent

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 19 57

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 1911

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Maud Thomas 103 Dolles Pt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 hrs - unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to December 22 57, 19....., that I last saw the deceased alive on Dec 22 19 57 and that death occurred at 2:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Thomas MD. ADDRESS DATE SIGNED 12/23/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12/24/57; NAME OF CEMETERY OR CREMATORY Mt. Carmel; LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 12/23/57; REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Wm. H. Hill Funeral Home; ADDRESS (Hill) Dundalk + Eastern Blvd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11317

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp. Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Indiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South Bend
STREET ADDRESS (If rural give location) 725 Blaine Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Romey (Middle) R. (Last) Trowbridge

4. DATE OF DEATH (Month) December (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-3-97

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Brakeman, Ret'd

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Spring Hill, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Trowbridge

14. MOTHER'S MAIDEN NAME: Frances Rutherford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CHRONIC THROMBOSIS OF BASILAR ARTERY	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO ARTERIOSCLEROSIS	Unknown
	(c) DUE TO	

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1952, to Dec. 26, 19 52, ~~that I last saw the deceased~~ and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 30. 52 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) (State) Huntington, W. Va.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1315

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural give location) RFD 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) H. (Last) TURNER
4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-14-86
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Northampton Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Turner
14. MOTHER'S MAIDEN NAME: Harrietta Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LIVER — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.26, 1952, to Dec.16, 1952, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

(Signature) WILLIAM B. VANDEGRIFT, M.D. (Degree or title) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-21-52 NAME OF CEMETERY OR CREMATORY Christ M.E.Church Cemetery LOCATION (City, town, or county) (State) Pocomoke City, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/18/52 REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS Harvey Bradshaw Funeral Home, Crisfield,Md.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14319

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4801 Granville Square

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 4801 Granville

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) LEONARD (Last) WAGNER

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 8, 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): office work

10b. KIND OF BUSINESS OR INDUSTRY: clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Ferdinand Wagner

14. MOTHER'S MAIDEN NAME: Theresa O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-722

17. INFORMANT & ADDRESS: wife-Ellen Wagner-4801 Granville Sq.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 2X

Immediate cause (a) Gastric hemorrhage — Interval Between Onset And Death: immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinomatosis - generalized — 2 mos

DUE TO

(c) Carcinoma lung. — 6 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None

(CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 1 Jan, 1952, to 16 Dec, 1954 that I last saw the deceased alive on 15 Dec, 1952, and that death occurred at 9 P.M, from the causes and on the date stated above.

SIGNATURE William Goodman (Degree or title) M.D ADDRESS 1734 Sulphur Spring Road DATE SIGNED 16 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/20/52 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/19/52 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR John A. Moran per N.E. Lewis — ADDRESS 3000 E. Balto. St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]320

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 94 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural, give location): Back River Neck Road Box 837, Route 13

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) (Last) WALNOHA

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-18-89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Army man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank

14. MOTHER'S MAIDEN NAME: Josephine (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 X

Immediate cause (a) ADENOCARCINOMA OF THE STOMACH WITH METASTASES — Interval Between Onset And Death: 5 MONTHS

DUE TO TO LIVER AND LUNGS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: MACROCYTIC ANEMIA — UNK. ARTERIOSLCEROSIS, GENERALIZED — UNK.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldgs., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 19 52, to Dec. 11, 19 52 [illegible] and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Richardson — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 12-1252

PAUL RICHARDSON M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-15-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: December 13 1952 — REGISTRAR'S SIGNATURE: P.W. — 24. FUNERAL DIRECTOR: Howard Blight — ADDRESS: 6009 Harford Road Baltimore, Maryland

Home Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1321

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2915 Leganore Ln

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2915 Leganore Ln

3. NAME OF DECEASED (Type or Print): (First) Abner (Middle) David (Last) Wardheim
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 8-13-1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry Mfg
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Wardheim
14. MOTHER'S MAIDEN NAME: Anne Ballinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs H. Saffell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of rectum — 1 yr.

1547 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52, 19__, to Dec 25, 1952, that I last saw the deceased alive on Dec 24, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert E. Lee Hoff M.D. 910 Hartford Ave. 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 12/29/52 — NAME OF CEMETERY OR CREMATORY: Ft Olivet — LOCATION (City/town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: December 27-1952 — REGISTRAR'S SIGNATURE: R.W. — 24. FUNERAL DIRECTOR — ADDRESS: L.J. Rusk 1305 Hartford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 8-51

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ebenezer Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural, give location) Ebenezer Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E. (Last) Warren

4. DATE OF DEATH: (Month) 12/25 (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: 2/28/1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert V. Wambolt

14. MOTHER'S MAIDEN NAME: (Unknown) Burt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1952, to Dec 25, 1952, that I last saw the deceased alive on Dec 25, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE J. M. Buenzgardner (DEGREE OR TITLE) Balto 6 Md (ADDRESS) DATE SIGNED 12/27/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF 12/29/52

NAME OF CEMETERY OR ~~CREMATORY~~ Morgland Park

LOCATION (City, town, or county) Parkville (State) Md.

DATE REC'D BY LOCAL REG. December 27-1952.

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. Cook Inc.

ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Hilton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 105 Hilton Ave.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) C. (Last) Waters
4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 23, 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert C. Combs
14. MOTHER'S MAIDEN NAME: Ruth Ellen Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Marjorie Nunn - 105 Hilton Ave., Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval between onset and death: 5 to 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to Dec 14, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 7.00 A. m., from the causes and on the date stated above.

SIGNATURE: John Charles J. (Degree or title): M.D. ADDRESS: 20 E. Preston St., Baltimore 2, Md. DATE SIGNED: 12-15-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 12/16/52
NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/15/52
REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.
24. FUNERAL DIRECTOR: W. M. Tanner & Son ADDRESS: Balto 11, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1321

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville | LENGTH OF STAY (in this place) 15yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Orpington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 612 Orpington Rd

3. NAME OF DECEASED: (Type or Print) (First) Cecilia (Middle) E. (Last) Weber

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 10/11/1865 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Andrew Drottendick | 14. MOTHER'S MAIDEN NAME: Philippine Drottendick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT'S ADDRESS: Mrs George E. Bond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDITIS, CHRONIC. — Interval Between Onset And Death: 11Mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) SEN LIT.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 29, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Lloyd Johnson M.D. | ADDRESS Catonsville | DATE SIGNED 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/2/53 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. | LOCATION (City, town, or county) 4430 Belair Rd. (State) MD.

DATE RECD BY LOCAL REGISTRAR 1/3/53 | REGISTRAR'S SIGNATURE A. W. Reddick M.D. | 24. FUNERAL DIRECTOR ADDRESS John J. Cowan & Son Wolfens

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY 107 Linhigh Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 107 Linhigh Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1079 Linhigh Ave

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) C. (Last) Wehner
4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Mar 14th 1892 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Hamilton | 14. MOTHER'S MAIDEN NAME: Christina M. Bartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Frank Wm. Wehner 107 Linhigh Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the breast	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

170

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 17, 1951 | 19b. MAJOR FINDINGS OF OPERATION: Scirrhus carcinoma of breast | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 19 52, to Dec. 5, 19 52, that I last saw the deceased alive on Dec. 5, 19 52, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE: Adam G. Weis | (Degree or title) M. D. | ADDRESS: 6232 Belair Road | DATE SIGNED: Dec. 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 9th 1952 | NAME OF CEMETERY OR CREMATORY: Morelands | LOCATION (City, town, or county) (State): Taylor Ave

DATE REC'D BY LOCAL REG.: 12-8-52 | REGISTRAR'S SIGNATURE: L | 24. FUNERAL DIRECTOR: Leo E. Leach | ADDRESS: 1701-03 N. Patterson Park

Inc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1326

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Parkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miller Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton
STREET ADDRESS (If rural give location): Miller Rd.

3. NAME OF DECEASED: (First) Walter (Middle) Preston (Last) Wheeler

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 7, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): mailcarrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. govt.

11. BIRTHPLACE (State or foreign country): Balto Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank I. Wheeler

14. MOTHER'S MAIDEN NAME: Elizabeth Hunton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Etta Wheeler, Parkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension DUE TO (b) Heart failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death: (a) 2 yrs (b) 3 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1952, to Dec. 31, 1952, that I last saw the deceased alive on Dec. 30 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter Bortner D.O.

ADDRESS: Whitehall

DATE SIGNED: Dec 31 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: Jan 7 1953

NAME OF CEMETERY OR CREMATORY: Glenmalura

LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/5/53

REGISTRAR'S SIGNATURE: Gerald W. Markline

24. FUNERAL DIRECTOR: J. Scott Brooks

ADDRESS: Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellendale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Ellendale Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) LEE (Last) WHITTINGTON, SR.

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 18 1865

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer: retired

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Whittington

14. MOTHER'S MAIDEN NAME: Eliza Jane Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Family Records-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia (with senile changes)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Basal cell epithelioma with metastasis to skull

(c) Osteoporosis - general

INTERVAL BETWEEN ONSET AND DEATH: (a) No. (b) 40 years (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1952, to Dec 20, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 1.0 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Collin B. Hudson M.D. ADDRESS: Towson Md DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 22, 1952
NAME OF CEMETERY OR CREMATORY: Saint Paul's Cemetery
LOCATION (City, town, or county) (State): Marion Station, Somerset, Md.

DATE REC'D BY LOCAL REG.: Dec. 22, 1952
REGISTRAR'S SIGNATURE: Mabel C. Gray
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS:

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Ar

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Glenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 107 Glenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) GUSTAVUS (Middle) H. (Last) WILBUR

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 8, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Wilbur

14. MOTHER'S MAIDEN NAME: Fannie Bedford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Georgia C. Wilbur - 107 Glenwood Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RHEUMATIC HEART DISEASE - GRADE IV DECOMPENSATION

(c) ARTERIOSCLEROSIS GENERALIZED

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/ /..., 19 51, to 12/29..., 19 52, that I last saw the deceased alive on 12/29..., 19 52, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Shaw M.D. 701 Cloverly Cross Rd. Balto. 29, Md. 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/2/53

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 1/3/53

REGISTRAR'S SIGNATURE: A. Wiedenick M.D.

24. FUNERAL DIRECTOR: Wm. J. Fischer & Sons

ADDRESS: Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]32?

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) PHILIP (Middle) R. (Last) WILHELM
4. DATE OF DEATH: (Month) December (Day) 17, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4/6/07
9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Fruit Stand Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Philip
14. MOTHER'S MAIDEN NAME: Mary Diffenderfer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 219-05-0489
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) RIGHT HEART FAILURE	Unknown
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) COR PULMONALE	Unknown
DUE TO		
	(c) PULMONARY EMPHYSEMA AND FIBROSIS	Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1952, to Dec. 17, 1952 [illegible] and that death occurred at 8:35 p.m., from the causes and on the date stated above.

SIGNATURE F G Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, Fort Howard, Md. 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 20, 1952 — NAME OF CEMETERY OR CREMATORY Middletown Methodist Cemetery — LOCATION (City, town, or county) (State) Freeland, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 18 1952 — REGISTRAR'S SIGNATURE Roberts J Beam

24. FUNERAL DIRECTOR — ADDRESS
Jacob Hartenstein Funeral Home, New Freedom, Pa.
p/Jacob Hartenstein

VS. A15

Falm $150-
1/9/53 mnk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14331 X X

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 316 N. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) A. (Last) WILLBANKS

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/14/96

9. AGE Last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hotel work

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): White Plains, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew

14. MOTHER'S MAIDEN NAME: Amanda Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: ACCIDENTAL ANESTHETIC DEATH (SODIUM PENATHOL, GAS, OXYGEN, ETHER) — Interval Between Onset And Death: SUDDEN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: SEVERE BILATERAL SUBACUTE PYELONEPHRITIS, DIABETES MELLITUS — UNKNOWN

19a. DATE OF OPERATION: 12/31/52

19b. MAJOR FINDINGS OF OPERATION: Left nephrostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Dec. 17, 1952, to Dec. 31, 1952, that I last saw deceased alive on [illegible] and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. (Degree or title) — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: - - 53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/5/53 — REGISTRAR'S SIGNATURE: C W Pudrech — 24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Balto. 17, Md.

9 a.m.

J C L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1331

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS: AN5 8-51

1. PLACE OF DEATH:
COUNTY - Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Nook Home, Shady Nook & Frederick Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearwater
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LAUGHLIN (Last) WILLIAMSON

4. DATE OF DEATH: (Month) December (Day) 16, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 20, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Industrial Air Conditioning

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Clayton, New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Williamson

14. MOTHER'S MAIDEN NAME: Ida Fisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Hugh D. Wise, Jr., Princton, New Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331K

Immediate cause (a) Cerebral Thrombosis, left — DUE TO — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized arteriosclerosis — DUE TO — Interval Between Onset and Death: 5 years
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension — Interval Between Onset and Death: 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1952, to Dec 16, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edward J. Yore M.D. ADDRESS 1 Mallow Hill Ave DATE SIGNED 12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 12/18/52 — NAME OF CEMETERY OR CREMATORY: Green Mount Crematory — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/17/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14332

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 365 Eudowood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 365 Eudowood Ave.

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) (Last) WINDER

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH Apr. 16, 1866

9. AGE last birthday 86 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Proctor

14. MOTHER'S MAIDEN NAME Harriet Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Sarah Bair 445 King street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4"

Immediate cause (a) Coronary thrombosis — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Dec 11, 1952, that I last saw the deceased alive on Nov 16, 1952, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald L. Sonnville, M.D. ADDRESS 25 W Pa Ave Towson 4 Md DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-15-52

NAME OF CEMETERY OR CREMATORY Mt. Zion Cem

LOCATION (City, town, or county) Lonbgreen (State) Md.

DATE REC'D BY LOCAL REG. 12-17-52

REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR Frances A. Hemsley W. Bissel, Sr.

ADDRESS 578

Film 2 to Item 2 Film H50 2-4-53 ams
1/9/53, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 4 hrs, 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp. Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE (Maryland) Penna. COUNTY A.A./Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Annapolis) Philadelphia
STREET ADDRESS (If rural, give location) 3725 N. 18th St. (82 Charles Street) (only visiting here)

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) GILBERT (Last) WOODS

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-27-25

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfg.

11. BIRTHPLACE (State or foreign country): Cleveland, N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Woods

14. MOTHER'S MAIDEN NAME: Mary Lucky

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY No.: 209-17-7471

17. INFORMANT & ADDRESS: Clinical Records, Veterans Adm. Hosp. Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1952, to Dec. 24, , 1952, ~~deceased~~ and that death occurred at 4:00 P.M. 4:20, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
ADD VAH, Fort Howard, Maryland 12-25-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/29/52 NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery LOCATION (City, town, or county) (State) Cleveland, N. C.

DATE REC'D BY LOCAL REGISTRAR December 27, 1952 REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR ADDRESS William Reese, 11, 108 Washington St., Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 6 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4405 WILKENS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural, give location): 4405 WILKENS AVE

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) C. (Last) YEALDHALL

4. DATE OF DEATH: (Month) (Day) (Year) 12-1[illegible]52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 14, 1868

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILERMAKER

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: IRVIN

14. MOTHER'S MAIDEN NAME: MARGARET MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Harry C. Yealdhall - 4405 Wilkens Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) carcinoma Right Lung — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-52, 19..... to 12-12, 19 52, that I last saw the deceased alive on 12-11, 19 52, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: Nathan Rosen (DEGREE OR TITLE) ADDRESS: 206 S. Gilmor St. DATE SIGNED: 12.12.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-15-52 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Dec 16 52 — REGISTRAR'S SIGNATURE: [illegible] Kieffer

24. FUNERAL DIRECTOR: George A. Farley — ADDRESS: Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14334

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place): 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5306 Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 5306 Dogwood Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Rumsey (Last) Young

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 27, 1857

9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Clarksville, Howard County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Young

14. MOTHER'S MAIDEN NAME: Miss Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Lillian Gohr, 5306 Dogwood Rd., Mdln, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — Yrs. 1

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old age

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Dec. 24, 1952, that I last saw the deceased alive on Dec. 21, 1952 and that death occurred at 12.50 P. m., from the causes and on the date stated above.

SIGNATURE: A. C. Smith (Degree or title) — ADDRESS: 4509 Liberty Heights Ave. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 24, 1952 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 12/24/52 — REGISTRAR'S SIGNATURE: A. W. Redmond Smith — FUNERAL DIRECTOR: Willis Sweeney — ADDRESS: 4510 Liberty Heights Ave.

Dr. Grott

14335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Towson — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 608 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 608 Sussex Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Zajic

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~S~~ Widowed

8. DATE OF BIRTH: Nov. 28, 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Zajic

14. MOTHER'S MAIDEN NAME: Kattie Saupik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. August Frank, 608 Sussex Road #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X

Immediate cause (a) Acute Pulmonary edema — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial asthma —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1942, to Dec. 2, 1952, that I last saw the deceased alive on Dec. 1, 1952 and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold A. Grott, M.D. ADDRESS 8100 Harford Rd — DATE SIGNED 12/4/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12/4/52 | NAME OF CEMETERY OR CREMATORY: OAKHILL CEM. | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 12/4/52 | REGISTRAR'S SIGNATURE: MH

24. FUNERAL DIRECTOR: Leonard J Ruck, 5305 Harford Road. ADDRESS

VS. A15